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Proceedings of the women's health: women's lives conference: May 3rd 1998

Lynne Hunt (Ed.)

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PROCEEDINGS OF THE

WOMEN'S HEALTH:

WOMEN'S LIVES

CONFERENCE

May 3rd 1998

EDITH COWAN UNIVERSITY
FACULTY OF HEALTH AND HUMAN SCIENCES

Edited by

Lynne Hunt PhD & Sarah Gould

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Proceedings of the Women's Health: Women's Lives Conference

Introduction

The Women's Health: Women's Lives Conference was held on 3 May 1998, at Joondalup Campus, Edith Cowan University. The principal aim of the Conference was to celebrate 10 years of the teaching of Women's Health and Women's Studies at ECU, by drawing together past and present students, university staff and members of the Western Australian community interested in women's issues. The conference was organised under the guidance of Dr Lynne Hunt, who worked in collaboration with a research assistant, Jenny Dodd, who chaired the Organising Committee, which comprised staff and students: Dr Lynne Hunt, Dr Jenny Silburn, Sarah Gould, Jodie Moyle, Dierdre Davies, Simon Hall, Gillian Amesbury, and Donnelle Rivett.

The Conference was funded by a Faculty of Health and Human Sciences', Teaching and Learning Grant. The specific aim was to enhance students' written and oral communication skills through the presentation of conference papers. However, the Conference provided learning skills over and above those arising from the preparation and presentation of academic papers. For some students, it was the first conference they had attended. They reported feeling empowered to attend future conferences, once they had grasped the principles of participation. Other students developed conference organisation skills, through membership of the Organising Committee, and as part of the requirements of their course at ECU. For example, students of the Events Coordination Unit (School of Business) contributed to the coordination of the conference, as an assignment, and students of Tourism and Hospitality learned how to cater for large groups through planning and organising morning and afternoon tea and lunch. An enormous effort in advertising and marketing resulted in 128 registrations for the conference. These efforts secured enough academic papers to generate five concurrent conference sessions, the outcomes of which are presented in these Proceedings.

Papers in the Proceedings are reproduced in their original form. No editorial changes have been made. This retains the originality of the papers but leads, inevitably, to some variation in format and presentation. Members of the student Organising Committee made a deliberate decision not to edit or referee the papers because such a process would detract from the non-threatening environment which they sought to establish at the Conference. The outcome is a set of papers representing a range of styles and illustrating the variety of health experiences in women's lives. Read and enjoy the papers. The contributing students and community members are justifiably proud of their efforts.

Additional copies of the Proceedings may be purchased from the Bookshop at Edith Cowan University.

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I hear voices...

Dawn Barrett

I hear voices ...
by Dawn Anne Barrett

The concept of applying electricity to the brain is not a new one. It goes back to Roman times when it was believed that holding an electrical torpedo fish to one's head would alleviate the distress caused by severe headaches. Electroconvulsive therapy (ECT) or shock treatment as it is commonly known today has been part of clinical repertoire in mental health settings for several decades. Since the early 1970s its place in contemporary medicine and the integrity of its purported outcomes have been challenged, questioned and debated, passionately at times, by experts. I am no expert on ECT nor is this a scientific paper. For this to be a scientific paper would demand one to be more objective.

People respond to issues in society in different ways. I am one of those who finds expression in writing. When I first heard what ECT does, who it is given to and why, I wrote a 68 page commentary, which I reduced to an 8 line poem and then found within it an area of research I wish to pursue.

Having prefaced my introduction, I'd like to introduce myself to those who I have not met before and re-introduce myself to friends, classmates and colleagues who are here today to give me support and who I believe, are seeing me in a new light. I'm Dawn Barrett. I am a poet and a writer. And I write because I hear voices.

I hear the voice of Frances Farmer, a Hollywood actress. She spent several years in and out of mental health institutions during the 1940s and 50s. She tells of her experience with a group of women who were recipients of ECT. I hear her voice say:

They chattered constantly, without making sense, but I suppose they were confused at being able to think again. It mattered little whether their thoughts were in order or, for that matter, rational. The pertinent fact was the excitement and challenge of the mind returning.

About fifty years from when Frances Farmer encountered the ECT recipients I am given a book as a gift. The book is one of many written by Dr Peter Breggin. He was one of the first clinicians to alert the medical community of what he documented as permanent memory loss in a significant number of patients. Breggin writes with warmth and empathy and I was told he had a website which I visited. On my journey through cyberspace I came across a world of ECT which intrigued me and even more so when I heard the voice of a medical practitioner say:

ECT may be helpful in severe depression ...

ECT works by creating a seizure (a short period of irregular brain activity). The seizure is caused by an electrical shock. This seizure releases many chemicals in the brain. These chemicals, called neurotransmitters, deliver messages from one brain cell to another. The release of these chemicals makes the brain cells work better. A patient's mood will improve when these brain cells and chemical messengers work better.

Side effects may result from the anesthesia, the ECT treatment or both. Common side effects include temporary short-term memory loss, nausea, muscle aches and headache. Side effects from ECT usually do not last a long time.

So what is ECT, who is it given to and why is it given?

It is said that ECT is the application of electricity to the brain for a period of one or two seconds, jolting the brain into a violent seizure. The seizure lasts about a minute. ECT is deemed, by some clinicians, to be a 'safe' enough procedure to be administered to children, minors, adults, pregnant women and the elderly, with elderly women being the most likely to be given it in any age group. It is deemed, by some clinicians, to be an 'acceptable' medical intervention for difficulties ranging from depression, eating disorders, thought disorder or epilepsy to name just a few conditions. ECT does not aim to cure; it alleviates symptoms. Studies demonstrate that the efficacy of symptom relief or reduction lasts no longer than four weeks.

I'd like to invite you to participate in a brief, silent exercise and sit by the bedside of someone who is about to be given ECT. Perhaps it is a child, spouse, partner, pregnant sister-in-law, sibling, parent, grandparent or friend. I will be dedicating my moment of silence to those receiving ECT during our exercise.

One minute silence

Thank you.

As busy people a minute in one's day is not a long time. But I would argue it is a long time for someone to be receiving a violent, medically induced seizure with *unknown* outcomes.

I am aware that my knowledge and understanding about the complexities surrounding ECT are perhaps limited. But I am not alone. I am in the company of experts. I am also aware that my rights as an individual, are, limiting. Nonetheless, I have assumed the right to care ... and my right to care is what fuels my interest in this area.

ECT has seen some changes since it was first used as a medical procedure. Changes to the voltage used and the use of medication to reduce the risk of fractures from the violent convulsions promotes the term 'modified' ECT. There is a chorus of voices in journals claiming modified does not equate a safer or more effective procedure. As well, voices echo in cyberspace:

ECT has one adverse effect that occurs in all cases. That is memory loss. There is a cumulative eradication of memory starting from recent events, learning and thoughts and gradually extends to the distant past. Once the course has ended (*typically 12 episodes of ECT @ 3/week*), memory gradually returns in the opposite time order until, in about a month, the patient has regained the main outlines of her personal history, knowledge and skills acquired early in life. After this length of time one may regain a little more of their memory which gets stronger as the memory is revived by reminders and efforts at relearning. In addition to the erasure of pre-shock memory, which is certain to occur, there may also be a permanent adverse effect upon memory function after the shocking. That is, the patient's memory for new experiences and new learning may fade rapidly.

These voices are joined by those victim/survivor voices in cyberspace who are attempting to change legislation overseas.

It was at this point I realised what I was **not** hearing was the voice of the individual who had actually been given ECT and who were perhaps experiencing side-effects without attributing them to the procedure. I wondered if memory loss felt like a gnawing discomfort like that

experienced by the amputation of a limb. Afterall how could one talk about one's memory loss when one could not *remember* what one had lost in the first place. Perhaps that explained the silence. My intuition was supported by another voice from cyberspace claiming that:

Some patients do not mind their memory changes and seldom have occasion to notice them. At the opposite extreme are persons whose work or way of life is made impossible by them. In between are persons who gradually adjust to various degrees of handicap.

My desire to hear the individual's voice intensified. I investigated if there were any support groups in Western Australia specifically catering for the special needs of ECT-recipients, afterall the side-effect of memory loss, clearly a handicap, is experienced by those who are given the procedure. My findings revealed ... there are none. What typically happens is that people who are given ECT for depression, epilepsy etc. are channelled back into self-help groups where presumably their primary problem is once again focused upon. This leads me to believe that people who are given ECT are a silent 'community-in-need'.

I would like to conclude my presentation by acknowledging my indebtedness to Associate Professor Steve Baldwin from the School of Psychology, Bunbury Campus. He is one of the leading voices who supports the call for a ban on ECT being used on children and minors. He heard my voice question the silence of ECT recipients and because of that, I find myself here today. ECT has been debated by experts for too long. It is my intention for the debate to be taken out of the scientific journals and discussed at community level so that people can be better informed about the choices they make.

It is my intention to pursue research in this area as part of a higher degree, present papers and by doing so, I hope one day my voice will no longer articulate on behalf of those who remain silent through choice or circumstance.

The language of silence is one I understand very well regardless of its dialect. I am the product of a rowdy, gregarious family. But far from my heritage limiting me, it has privileged me to access and interpret the poignancy inherent in the silence of others. It is a richness I explore by writing. And I write ... because I hear voices.

This paper was influenced by the following readings:

1. Farmer, F. Will there really be a morning? Fontana : Australia, 1983.
2. Electroconvulsive Therapy for Severe Depression.
<http://www.aafp.org.patientinfo/depress.html>
3. Oxlad, M. & Baldwin, S. The use of ECT in older people: Risks, rights and responsibilities. Health Care in Later Life, 1996 1 (1), 39-49.
4. Oxlad, M. & Baldwin, S. Electroconvulsive therapy, children and adolescents: The power to stop. Nursing Ethics, 1995 2 (4), 329-342.
5. Electroconvulsive Therapy. NIH Consens Statement Online 1985 Jun 10-12; 5(11):1-23.
6. Centre for the Study of Psychiatry and Psychology.
<http://www.breggin.com/cspintro.html>.

Acknowledgement: For nurturing my writing, warm thanks to Steve Baldwin

Uncovering the inner story: Oral history techniques

Alison Brain

Uncovering The Inner Story:

Oral History Techniques ©

This workshop lends itself to the discovery of how the techniques of oral history can assist with the compilation of a history. Areas covered include how to interview, copyright, arrangements for the interview and, importantly, who is to be interviewed. In this paper the central theme will be family history and examples provided will be of a genealogical and family history basis but it will be possible to extract techniques which are vital for all forms of oral history interviewing. Also included at the end of the paper is some information about the places and people who can assist with oral history, namely the Oral History Association of Australia and the Oral History Unit of the JS Battye Library of Western Australian History.

An interview can reveal some of the most interesting material and information regarding a person, place or organisation. The interviewer needs to be aware of the following five points in order to conduct a productive interview.

1. A researcher needs to know precisely how to use the equipment they are working with, which eliminates the possibility of mishaps during the interview itself.
2. Consideration needs to be given to the machines, tapes and where the interview is to be conducted.
3. In reality the interview is the first goal in the research project.
4. Before the interview is conducted background research is vital, thus enabling the collection of relevant material.
5. For university students, as well as historians and researchers, a very clear distinction needs to be made between relevant and interesting.

Once material has been obtained from the first interview the information needs to be analysed carefully to establish if there is another tangent that should be pursued or whether the interview was a total waste of time. Then the whole interview process begins again.

There are ethical issues that a researcher has to be aware of when embarking on an oral history of any description. Areas of prime concern are copyright and the respect of the interviewee's wishes.

A variety of techniques will be outlined that will hopefully make this task a little easier for you to extract the essential pieces of information required to formulate any style of history.

Everyone has experienced the frustration of not finding records or just not understanding why someone did what they did, or why they moved house, or what happened to a particular person? This is where oral history can benefit the historian and fill in the gaps to what seems to be a never-shrinking space.

At this point in the workshop a little exercise was conducted that hopefully demonstrated something to avoid when carrying out an oral history interview.

1. An overhead was displayed, showing a picture of a house, just a normal suburban house and while this overhead was on there was silence for about 10-15 seconds and the overhead turned off.
2. Then the question 'Did anyone HEAR what that picture was about?' was asked. Only a few picked up on the emphasis of *hearing*.
3. This silence is what an interviewer aims to avoid and replace it with the descriptions of the place.
4. Next step was a request for the audience to describe the house by taking notes or jotting down different aspects of the house.
5. Instead of silently summing up what this house is telling us can we have someone tell us about the house.
6. The next step was to turn the overhead back on to display the suburban house. This allowed for comments from the audience which gave us a physical description of the house and a presumption to what could have been the occupants situation.

But what about the memories of this particular house? Even though we have been able to describe the physical presence of the house, we still do not know who lived there, whether the smell of freshly baked bread wafted through the corridor every morning or just on Sunday's or the fun and excitement that was had by all the

children when the water pipe burst and the front garden turned into a lake. In order to extract these pieces of information it is necessary to follow a few basic procedures and hopefully we will see success.

Setting

It is really very unlikely to capture on tape the precious memories of Auntie Ada if she is placed in a setting such as the one set up for display. There were microphones, tape recorder and cords and cables everywhere on a student desk which looked very business like. It is also very unlikely that we will be able to get the company director to tell us about their company, good and bad times, in a setting such as this.

The audience were requested to offer some suggestions or reasons why this setting would not be appropriate for family history interviewing? Most responses lent themselves to the cold, sterile and uncomfortable atmosphere.

There are difficulties in selecting a quiet location. The person may live next to a railway line, or in the aeroplane flight path. Also they may want to conduct the interview at the kitchen table and the fridge sounds like a freight train blowing its whistle. In a business setting, the interview may be of someone who works in a factory, or in a restaurant kitchen. As you can imagine these are not conducive to clarity of recordings.

This is where the second vital condition almost becomes imperative. It is not too much to ask, politely, that you sit where the interviewee is most comfortable. Or if it is a business style interview then arranging a more quiet location will benefit all parties. Usually the lounge area of a home is the most comfortable and in this situation it is possible to spread out your equipment and make it less obvious and therefore less threatening to the interviewee. For business style interviews there may be a board room or meeting room or even somewhere away from the place of concern. It is also possible to request that radios, TV's and the like be turned off while you are recording the interview. Now you can see that the most comfortable place usually turns out to be the most quiet as well.

Length of Interview

Length of the interview is also an issue that needs to be given serious consideration, especially with family members or people who are known to you. If the person is elderly, they may tire easily and therefore structuring the interview could mean half hour interviews every week for 6 to 8 weeks. Approaching your research from this point of view means that the interviewee does not get tired and fed up with the research. They actually come to enjoy your weekly visits and this sets them on a treadmill of remembrance and eventually remembers much more than in the initial interview. This also works for people who are known to you because it is possible to ask them direct questions at subsequent interviews because for one reason or another that particular aspect of information was missed in the first interview. As far as a business interview is concerned half hour or hour long interviews may be all the time that the interviewee can allow in their busy life and this gives the interviewer the same benefit of being able to analyse each piece of tape and set questions accordingly.

Another thing that should be made clear when arranging the interview, is the fact that you want to interview Uncle Bob: not his wife Amanda and her friend Julie. As well as the family interview this request can be made for a business interview. The reason for this is that you want Uncle Bob's memories or the company director's memories and understandings. You do not want conflict on the tape because when you get more than one person speaking at any one time all you get is noise and no information. If the memories and understandings are not the truth or they are distorted out of all proportion, it does not matter. What you are after is Uncle Bob's impression, understanding and feelings about the subject.

Feelings are an interesting aspect of any kind of history. Some historians have the knack of being able to project feelings through words. This is the very skilled author and not everyone has the ability to do this, that is why oral history plays such a crucial role. Feelings can be heard. The laughter in the voice creates the image of a happy occasion, the snuffle or quivering voice portrays a tenseness or sadness surrounding events that have upset the interviewee. Here again the interviewer needs

to be wary of the interviewee's wishes and if a particular subject does not proceed any further then so be it. The imaginations of the listeners will comprehend the intensity of the given situation. After speaking about feelings the audience heard some feelings from people interviewed about the influence of radio on their family.

Equipment

In order to get back on track the next point was a demonstration of the equipment and how things work, to provide an understanding of the interview. There are some rules that can only be learnt by mistake, trial and error or attending a session such as this one. When going to an interview the desirable equipment is as follows:

{the following is an overhead and handout}

EQUIPMENT

- | | |
|---|--|
| * 2 microphones with stands | * A SPARE SET OF BATTERIES |
| * 2 pieces of foam - place under stands | * electrical connection for the tape recorder |
| * an electrical extension cord | * double the amount of tapes you think you will need for the interview |
| * batteries to fit the tape recorder | |
| * the tape recorder | (C60 are the better tapes) |

The type of tape recorder used does not matter except, for better sound recording the external microphones create less distortion.

Tape recorders are many and varied but some of the facilities provided can make interviewing a little easier.

1. For instance, a tape counter makes it easy to know when you are coming to the end of the tape and this enables you to stop the interview before the tape runs out. Now you can turn the tape over and continue the story without losing words in blank piece of tape at the end of Side A or B.
2. A pause button allows the interviewer to stop the tape when the interviewee starts to wander off on an irrelevant tangent or if either party wishes the tape to be stopped or the telephone rings and to stop the tape without the loud thud of the stop button being recorded.

3. Some interviewers like to have a recorder that has an ear-plug facility so that they can listen to what is actually going onto the tape. This is purely personal preference and not necessary if you find it annoying.

Before you leave home check your equipment to make sure, the batteries work, the recorder is in working order, and that you have everything on your check list. There is nothing more infuriating than turning up for an interview and you have forgotten the tapes or the electricity jack.

Background Research

This is an important element of any researchers work and requires a lot of 'think time'.

1. An understanding of the interviewee is needed so that you can overcome or avoid some of the idiosyncrasies that may hinder the progress of an interview. For instance, if you are interviewing someone who has a 'click biro' in their hand the result will be a constant click throughout the entire interview. This may not deter from the interview material but it can be annoying to the listener.
2. Determine what it is that you want to find out. Countless pieces of information will be revealed that only enhance the history but, if you are chasing just a genealogy then you really do not want the childhood experiences of Auntie Ada and her life in Geraldton; and, of course, vice versa. On the other hand, if you are interviewing someone on their involvement with the saw-milling industry, you do not want that person's childhood experiences with his toy train set, or why the local drunk should never have been employed at the take-away place.
3. Some reading about the socio/economic conditions of the time in which your interviewee grew up, where they lived and the particular conditions in their town can all provide different avenues of questioning which will reveal many stories that have been in the recesses of their mind. Or if it is an industry, an understanding of how and why that industry evolved in a particular area.

Geoffrey Bolton has provided a wonderful example in his recent book 'Daphne Street', where he cites the example of one family in the street in which three of the four inhabitants of a house were employed for the duration of the Depression and at

the other end of the street there was a house with more than four inhabitants and no-one had employment. As you can imagine the stories from these two families would be extremely diverse and yet the same era and street are being discussed.

Finally, issues to include in your interview can be limited to a particular subject or can include a variety of topics such as school, industry, home-life, social networks, children, games played, recreation places, or whatever topics you wished to discuss.

Questions

The structure of questions is very important. When compiling your set of questions ensure that your next two questions provide for a positive and negative response so that you are not left stuck with nowhere to go. It is essential to construct the questions so that they are open ended. For example;

1. "Tell me about the games you played as a child?"

NOT

"Did you play chasy as a child?"

OR

2. "Describe the chores you did before school."

NOT

"Did you milk the cows before going to school?"

One form of setting questions is to simply jot down ideas or sub-headings so that they actually trigger a question that centres around the issues being discussed.

When conducting an interview the voice we want to hear is the interviewees NOT the interviewers. One of the absolute 'no-nos' is talking over or together with the interviewee as in a chatty conversation. The reason for this is because what is revealed on the tape is a lot of noise and missed information.

At this point examples of good and bad interviewing were played.

Copyright

Another area of concern to the oral interviewer is the copyright issue. When conducting an interview it is best to obtain the copyright for the information provided by the interviewee. This just becomes one of the essential parts of interviewing. Copies were distributed as handouts and this could be photocopied as many times as required.

Essentially this form states that the interviewee is allowing the information to be used for research and / or publication with regard to the piece of work you are

compiling. The Western Australian Crown Solicitors Office has assessed the form and they have agreed that it is a legally binding document, but could not say how it would hold up in court because it has not been contested to this date.

Copyright literally means 'the right to copy'. With audio tapes we are asking for permission to duplicate the information that is placed on the tape. This is so we can lodge a copy with the JS Battye Library's Oral History Unit, retain a copy for ourselves and send a copy to the interviewee. If we are to copy the information and put it into a thesis or book or any kind of publication, the interviewee needs to know that this is what the interviewer intends to do with it. Every interviewee has the right to know for what their information is being used.

An interviewee can place an embargo on the information. This is totally up to the discretion of the interviewee and must be respected at all times. For example, if the interviewee requests that none of this information be released until they have died; then that is what will happen. There could also be the possibility that the interviewee will place a definite time frame embargo, e.g. 50 years, 75 years.

Labelling

There is another issue that needs to be discussed, that is the labelling of the tapes, transcripts and tape covers. While explaining this a demonstration was carried out and the end result is as follows:

May 3, 1998	3.30pm	Alison Brain	Tape 1 of 10
Oral History Techniques	Oral History Unit	Oral History Association	

On the first tape leave approximately 10-15 counter points blank before starting the interview. This is to allow you to go back and record the interviewee, interviewer, date and an extremely short blurb about what the tape contains.

On the synopsis all relevant reference material needs to be included either at the beginning or the end. Then on the tape cover, date, time, interviewee and number of tape needs to be written on the cover.

Oral History Unit

The last area spoken about was the Oral History Unit of the JS Battye Library and the Oral History Association of Australia. The Oral History Unit is where the

collection of tapes is held, approximately 2,500 tapes in all, and anyone going to the JS Battye Library may request a particular tape and listen to it. Also included are transcripts, synopses and relevant material associated with the interview.

Ronda Jamieson is Western Australia's pioneer in the oral history field and she has many suggestions and advice for the novice and the experienced oral historian. There are two varieties of the kit put together by Ronda for the Oral History Unit of the JS Battye Library. The first is a tape and booklet kit by Ronda Jamieson 'Young, Old and In Between', which is about family history interviewing as well as techniques that can be applied in general. The second is a tape on how to conduct an oral history interview.

The Oral History Association of Australia

The Oral History Association of Australia is an association that aims to promote oral history by educating people on how to conduct oral histories and provide opportunities for meetings where there are discussions with those who have conducted oral histories, produced books with an oral history content, provide a consultancy service to the public and advice or help for those who request it. If any of you are interested in becoming a consultant with oral history we would welcome your input, all we request is that you join the Association first.

Members of the Association will receive a quarterly newsletter called *Playback* and an annual journal. Membership also entitles you to borrow equipment from the Oral History Unit for your interviewing. Some of the equipment does attract a surcharge, but that is for the high quality Marantz machines that usually retail for approximately \$2,000.

The most exciting thing that has happened for the Association is the production of our new video 'Capturing the Past - an oral history workshop'. It is essentially aimed at teaching high school students how to conduct an oral history interview but it is also useful for everyone interested in doing any form of oral history. The package contains a 20minute video and a booklet which has worksheets that can be used by interviewers as well as students.

Every mountain can be climbed!

May Carter

WOMEN'S HEALTH, WOMEN'S LIVES
A conference for students by students
Sunday May 3, 1998
Edith Cowan University

Every mountain can be climbed!

May Carter BA(Rec)

Postgraduate student, Master of Social Science, Leisure Sciences

My mountain is the 14th World Congress of Sociology, being held in Canada in July this year. Associate Professor Francis Lobo introduced me to this mountain. Momentarily blinded by his confidence, I decided I could conquer my fears and climb it.

Confidence is one thing. Reality is another. Questions started to enter my head. Why would anyone want me to climb? Climbing that mountain meant I had to write a paper that was suitable for presentation at an international conference. I'd never written a conference paper before. I'd certainly never presented a paper before. Why would anyone want to hear what I had to say? What did I have to say?

As conscious avoidance mode was becoming seriously entrenched, I spied a poster advertising a student conference being held at Edith Cowan University. It was several months away. That would be just a little mountain. If I could climb that mountain maybe I would be able to climb a big one next. The student conference was to be my training run.

I had two months to write the paper. I thought about it a lot. I had already written an abstract. That was my first step onto the mountain but two hundred words does not make a twenty minute presentation. As the presentation date loomed closer, I chained myself to the computer and pumped out words. I was in training and the steps up the mountain looked easier. I still couldn't see the top but at least I felt I was getting somewhere.

As the paper took shape, my confidence grew. I could do this. The paper was entitled "Women's adventures at work: Women and employment in adventure recreation". I was researching women's experiences working in outdoor adventure pursuits for my Master's thesis. I was one of those women. I have worked in the outdoor industry for ten years but had never really thought about my experience until I started to research the stories of other women. The paper traces the history of women in the outdoors around the world. It also explores the perceptions of Western Australian women in the outdoor industry and discusses why working outdoors is so important to them, what choices women outdoors have to make and why, despite recognised difficulties, very few want to change their lives.

The more I read, the more women I interviewed and the more I wrote, the more it all came together. I realised that this paper talked about me and was very much a part of my life. It told the story of so many women who loved the outdoors, who didn't want to be stuck inside for all their working life, who wanted to be courageous and daring, who needed to explore the world and all its opportunities.

So, why was I so scared of the conference mountain? I'm an adventurous woman. What could happen to me while I was standing in a room? Talking to a room full of strangers was

nothing new. It was nothing compared to paddling a wild river or climbing a real mountain. The dangers here were only to my self esteem, not my physical self. Maybe that was the problem. Cuts and bruises healed. What if nobody wanted to know? What if everybody thought I was boring and what I was saying was pointless? It was important to me, it had to be important to somebody else.

The conference day came. There were so many women, from so many places. I remember scanning the room when I first arrived, searching for women I knew. I spotted two or three and took a few deep breaths. I found a coffee, found a chair and launched into conversation with the women sitting at the table. This wasn't going to be so bad. The atmosphere was friendly, chatty and relaxing. I wasn't alone. Nobody was going to grade my performance. I just had to get up there and do it.

It was just a little mountain, training in preparation for the big one to come. I forgot about being nervous and began to concentrate on taking one step at a time. There were so many choices, so many sessions that I wanted to attend. My name looked so small in amongst all the others. Why would anyone choose that session when there were so many options? It didn't matter. It was my story and I was going to tell it. If no one came to hear it, I would tell it anyway.

The clock ticked over. It was my turn. I watched women leave the room I was in. I began to get really scared that what I feared most was about to happen. I breathed a huge sigh of relief as several women stayed where they were. They weren't leaving. More arrived. There was now a huge total of eight people in the room, including me. It didn't matter. My purpose was simply to practise climbing mountains and the first step of the ascent was in front of me.

As I began to speak, it got easier. I had made notes and I meant to follow them but instead, words just poured out. Speaking for twenty minutes was not a problem. I knew this story so well. I had lived it, was living it. My greatest concern was not doing it justice, not just for me, but for all the other women who lived this life. I finished somehow and waited anxiously for questions to begin. What if they didn't ask any? What if I hadn't inspired their interest at all? I breathed another internal sigh of relief as a question came from the women in front of me and then another one from the back. At the end of it all, they applauded. One woman expressed her amazement that I had not read the paper, simply spoken. I was confused for a moment, wasn't that what you're supposed to do? I didn't think it was surprising I could talk for that long, I'd been boring friends with this stuff for weeks. I didn't have to read it. I just knew it.

I had managed to climb the little mountain. I still have some training to do before the big one in Canada. To keep on training, I volunteered to climb another mountain in the United Kingdom at a conference on gender and leisure. It's not as big a mountain as the one in Canada, but its peak is still a lot higher up than where I've been. I'm not so scared of scaling conference mountains now and I think I'll feel comfortable there. The "Women's Health, Women's Lives" conference was an excellent opportunity to present in front of an audience, albeit a small one. Following that experience, I know that I can climb conference mountains and that others are interested in my progress. All I have to do now is find more to climb.

Female genital mutilation: An experience some women live
Joan Christensen

FEMALE GENITAL MUTILATION

An Experience Some Women Live

INTRODUCTION

This paper will discuss the practice of Female Genital Mutilation, as perpetrated on countless women throughout the world.

The World Health Organisation defines Female Genital Mutilation thus:

- Type 1: Excision of the prepuce with or without excision of part or all of the clitoris; (also known as Circumcision or Sunna Circumcision);
- Type 2: Excision of the clitoris with partial or total excision of the labia minora;
- Type 111: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation) (also known as Pharonic Circumcision);
- Type 1V: Unclassified: includes pricking, piercing or incision of the clitoris and/or labia'; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it; and any other procedure that falls under the definition of female genital mutilation given above.

The procedures described above are irreversible and their effects last a lifetime (WHO 1997). It should also be remembered that these procedures are performed on girl children whose ages may range from a few days old to their mid-teens.

It is estimated that over 130 million girls and women in 28 countries in Africa and some in Asia, have undergone FGM (WHO 1997). As a result of migration these women are now presenting in countries in Europe, America, Canada and Australia. As at the 1996 Census “there were 120,000 women in Australia who were born in countries where” FGM is practiced (Gilbert, 1998 p. 10). Many of the women who are now migrating to Australia, come from the countries of Somalia, Ethiopia, Eritrea and the Sudan.

The incidence of infibulation makes up about 15% of all FGM worldwide. It is estimated that 80% - 90% of all women of Somalia and the northern Sudan have been subject to infibulation. Infibulation is also practiced in Ethiopia and Eritrea (WHO 1997). The World Health Organisation suggests “that 2 million girls are at risk of genital mutilation every year” (WHO 1997 p. 5). It is therefore evident that a body of women migrating to Australia and of particular interest, to Western Australia, will have been circumcised. My honours research project is interested in whether or not FGM will continue to be considered relevant and necessary for those who have resettled in Western Australia, and in what way this practice can be appropriately discontinued.

JUSTIFICATIONS

Female Genital Mutilation is part of an intricate web of traditional and socio-cultural beliefs and pressures.

Tradition

FGM is often seen as a "rite of passage" and denotes the transition from girlhood to womanhood and thus signals readiness for marriage. The procedure may be performed on an individual girl or a group of girls as part of a ceremonial celebration. During this time the girls may be taught what constitutes the acceptable behaviour of a good wife and mother. Men may participate in the celebrations but are never present during the actual performance of the procedure.

Daly (1991) suggests that the variation in the ages at which the girls are mutilated, does point more to the procedure having become more normalised and thus has less to do with a particular age at which marriage is most likely to be contracted. Its place in tradition and culture are defended. Traditionally "grandmothers and older women of the family see to it that all the girls are operated on. However, men, who also pay for the operations and negotiate the marriage, make the decisions for each family. In many ethnic groups, girls who are not mutilated are considered unfit for marriage; that means the father cannot collect the bride-price, therefore, he needs to have his daughters mutilated. In turn, a father will not pay for a bride for his son, nor will a man buy a wife, who is not excised. In some parts of Africa one of the most insulting things that could be said of a man is that he is "the son of an uncircumcised woman" (Lightfoot-Klein 1989). Marriage is understood to be obligatory for all throughout Africa and the Middle East, and it is strongly advocated by the Koran" (Hosken 1993 p. 35).

Increasingly circumcisions are practiced in the more hygienic surroundings of "the modern health sector of many African cities, for instance, in Mali, Somalia, Nigeria, Sudan, Egypt and more" (Hosken 1993

p. 35). This illustrates a lessening of the "traditional" practice whilst still allowing the practice to be perpetrated.

Sexuality

It is commonly held that circumcision is necessary to curb the young girl/woman's sexuality. Circumcision is thought to prevent her from wandering and taking part in promiscuous behaviour.

Dorkenoo and Elworthy (1992 p. 13) ponder: "from a medical point of view, excision of the clitoris...cannot reduce desire, which is a psychological attribute. Offering as a reason for infibulation 'the preservation of virginity and the prevention of immorality' is odd on a strictly practical level, since refibulation is easily done to look like the original one, whereas a ruptured hymen is more difficult to repair".

Virginity is a prized attribute and infibulation is seen as proof that there has been no sexual experience prior to marriage. This is also considered to be advantageous in preserving "family honour". However, in Somalia where most men are polygamous and divorce is easily and cheaply available, stories are told, of women, who have been paid for, married, divorced, re-infibulated, paid for and married again for five or more times (Dorkenoo & Elworthy 1992 p.13).

Another reason given for infibulation is that it enhances the husband's sexual pleasure. This was somewhat refuted when a study of 300 Sudanese husbands all of whom had an infibulated wife and a non-infibulated wife, were asked about their sexual experiences with their wives. 266 firmly stated that they preferred sex with their non-infibulated wives (Wright 1996).

Religion

Female Genital Mutilation is said to pre-date both Christianity and Islam (Black & Debelle 1995).

The tradition of FGM is not limited to one religion.

It is often perceived by some Muslims to be part of Islam and written in the Koran. This is not true:

In Islam "Canonically and theologically, circumcision has no privileged status. It is not one of the five pillars of Islam... The ritual surrounding it is loose, imprecise, and more spontaneous than organic. It is accompanied by no prayer. The age at which the operation is performed is not fixed in any strict way and may take place at any time ..." (Anees, 1989 p. 110).

Islam, in fact, acknowledges the right of a woman to experience her sexuality and sexual satisfaction, although this is only if it is confined to marriage. In many Muslim countries, failure on the part of the husband to have sex with his wife at least once in four months, are grounds for the wife to divorce him. Ali, the husband of Mohammed's daughter Fatima, and founder of the Shi'ite Islam stated: "Almighty God created sexual desire in ten parts; then he gave nine parts to women and one to men" (Brooks 1995 p.39).

Mohammed, when questioned regarding female circumcision, told his listeners "to circumcise, but not to destroy (or mutilate), for not destroying the clitoris would be better for the man and would make the woman's face glow" (Toubia 1993 p.31).

It is to be noted that Mohammed's own wives and daughters were not mutilated (Wright 1996).

It is also interesting to note that there are a number of Muslim countries where FGM is totally unknown, these include, Afghanistan, Pakistan, Algeria, Morocco, Libya, Tunisia and Saudi Arabia – the cradle of Islam and the centre of the Holy Lands (Anees 1989, Dorkenoo & Elworthy 1992).

FGM is practiced by some Islamic people, Coptic Christians of Ethiopia, some Catholics, Protestants and the Fellasha Jews, an ancient Jewish sect who lived in the Ethiopian Highlands and who now reside in Israel (Anees 1989).

PHYSICAL AND PSYCHOLOGICAL EFFECTS OF FGM

Physically, the practice of FGM has consequences that are both immediate and lifelong. Initially, the child will experience severe pain unless the procedure is done in a modern medical facility. Depending on the skills of the woman performing the operation in a traditional setting, bleeding, often lifethreatening, will occur. The utensils used, if the operation is carried out within a traditional setting, are often unsterile, jagged or blunt. The girl child may struggle and move whilst cutting is done. The operation is imprecise and open to interpretation on the part of the person performing the procedure. Infection, such as Tetanus may result when unsterile utensils are used for the cutting. Shock may occur, often resulting in death. If the child had had to been strongly restrained, there is a possibility that she may sustain fractures to her pelvis or legs.

If the child survives this procedure, she may be subject to continuing urinary tract and pelvic infections, particularly if she has been infibulated and urine and menstrual blood flow is poor and unable to be cleared from the body due to the very small opening left after infibulation. Urinary tract infections can result in kidney and bladder infections; poor menstrual flow

may result in infections, which contribute to inflammation of the fallopian tubes, thus causing infertility if the tubes become blocked, particularly after chronic and ongoing infections.

During childbirth, an infibulated mother may have difficulty in delivering her baby vaginally, due to the scar tissue created by the procedure. It is almost always necessary to perform an anterior episiotomy to assist with labour. Often women are restitched following childbirth and subsequent scarring occurs, contributing to further difficulties during future deliveries.

Severe scarring and difficulty in delivery may contribute to tearing of the areas adjacent to the bladder and bowel. This may then result in permanent incontinence either of the bladder or bowel. This in turn may lead to isolation and rejection of the mother by her family and community.

The risk of HIV is also increased, particularly when the same unsterile instrument is used on several girls during the same ceremony

Studies on the psychological effects on women as a result of FGM have been limited. Anecdotal evidence suggests that "many children do exhibit behavioral changes, and some problems may not become evident until the child reaches adulthood" (Toubia 1993 p. 19).

Psychologist, Dr Taha Baashar, has reported three cases of "clinical psychological disease" from Sudan:

A 7-year-old girl exhibited symptoms of an anxiety state due to lack of sleep and hallucinations as a result of fear of the operation. Her condition abated when reassured that she would not be operated on.

A 32 year old woman developed "reactive depression" following the birth of her third child and as a result of delayed healing 8 weeks after her re-circumcision.

A 30-year-old nomadic woman was diagnosed with “psychotic excitement”. She had developed a dermoid cyst; the size of a tennis ball [which had] blocked the entrance to the vagina. She was childless, twice divorced and had never told her family of the problem (Toubia 1993 p. 19).

Nadia Toubia, who worked as a clinician in several public hospitals in the Sudan, cites many cases of women who presented with vague symptoms of pelvic pain, general fatigue, lack of sleep, backache, headache, these she tells us, were all reported “in a depressed monotonal voice”. The women when they felt confident to discuss these symptoms, voiced fear of sex, pain, infertility and the state of their genitals. Toubia tells us that “these women’s symptoms were labelled hysterical, their feelings dismissed as those of malingerers” (Toubia 1993 p. 19) by professional medical staff.

Little is known of the effects, psychologically, of the excision of the clitoris or the lack of sensitive genital tissue that results from infibulation. Whilst FGM does not affect hormonal levels and the desire for sexual pleasure, this desire is quite likely to be tempered by the negative effects of the physical, cultural and traditional mores associated with a women’s right to sexual pleasure.

It is important to acknowledge that there is absolutely no intention of violence or abuse in the act of FGM. Rather it understood to ensure the welfare of the girl and is a decision of loving parents. It may be an event that is welcomed by the girl and the psychological impact of the act may be mitigated somewhat because of the place that it holds in tradition and her understanding of the tradition (Gilbert 1998).

Because the practice is surrounded by taboo, often the negative effects of the procedure are attributed to other causes or totally denied.

Women are taught that the benefits of infibulation are healthy and therefore do not associate their medical problems with that of infibulation (Wright 1996).

CULTURE

To be part of one's culture is to belong. FGM is a practice embedded in the culture of its people. To be acceptable within the culture, women undergo FGM. It is a practice that is considered to be vital in maintaining the "social structures [which] include patrilineage, family honour and social position. Failure to participate is considered by many to place the child at risk" (Gilbert, 1998).

Toubia (1993, p. 37) makes the point that "the fear of losing the psychological, moral and material benefits of "belonging" is one of the greatest motivators of conformity. When the demands of conformity conflict with rationality or individual need, denial intervenes as a mechanism for survival. In this way, many women justify their own oppression".

Dr Helen Dadet cited in Wright (1996 p. 255) suggests that:

By saying that you don't want girls circumcised, now you are getting too close to what holds society together? You are getting too close to what makes a ... woman feel that she's a full woman. You are touching on people's sense of values, sense of identity, sense of well-being and if you play with what makes somebody feel like somebody you are inviting aggression.

CONCLUSION

In conclusion it can be clearly understood that FGM is rooted in tradition and culture. It is therefore important that we as professionals, particularly white, middle class, western professionals, work cautiously and

with sensitivity when we interact with women who live the experience of FGM. If we are to offer information that we hope will empower people to discontinue the practice, we must also remain aware that we are asking people to change their culture. It is how we can achieve an understanding, and an acknowledgement, by the very women that we want to assist, that to discontinue FGM is their right, which presents the challenge.

The Association of African Women for Research and Development, Based in Dakar, Senegal, makes the point that:

Fighting against genital mutilation without placing it in the context of ignorance, obscurantism, exploitation, poverty etc., ... without questioning the structures and social relations which perpetuate this situation, is like "refusing to see the sun in the middle of the day" (Eisenstein 1984, p. 142).

PROJECT

I am currently involved in a research project studying the needs of communities, where Female Genital Mutilation is a part of the cultural tradition. This research seeks to support and inform people about Female Genital Mutilation, its legal status in Australia and particularly Western Australia. The health implications of FGM for women and girls, with particular reference to menstruation, childbirth and sexuality are also important areas that it is hoped can be addressed arising from the study. The project seeks to establish, from the community, whether or not the practice of FGM will remain an important part of their traditional and socio/cultural norms now that families have resettled here.

Members of the communities will be asked what they believe will be beneficial to them in moving towards the decision to discontinue the practice

here in Western Australia. They will also be asked how best they perceive this information could be disseminated and by whom.

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*Inside the other closet: A report on women partners of men
who have sex with men*

Elaine Dowd

Inside the Other Closet: A Report on Women Partners of Men Who Have Sex with Men

Presented by: Elaine Dowd

Research conducted on men in marriages or de-facto relationships has consistently indicated that between 20% and 30% also have some level of sexual activity with men. (Grochros, 1989, Earl, 1990, Doll, Petersen, White, Johnson & Ward, 1992).

Brayshaw cites a Macquarie University study of bisexually active men which found that only 1 in 24 of these men will tell their female partner about their male-male sexual activity. (Brayshaw, 1997, p.45).

When I first read the above statistics I was quite simply stunned. If this behaviour occurs so frequently, why is there virtually no discussion about it? How could an issue affecting so many people remain so invisible? I wanted to know more and began to seek out all available material but despite the enormity of the issue, there is a paucity of information available.

I found some books, mostly American, and a few reports from Aids Councils in the Eastern States. The women that I read about each told a different story but there were common themes - confusion, anger, pain, guilt, feelings of inadequacy and worthlessness. The element most painful for many women was isolation, the feeling of not being able to tell friends, family, colleagues what was happening in their lives. Some women talked about having kept their partner's secret for 20 or 30 years, lying to their own family,

his family, and their children about why the relationship ended or became strained.

In an effort to understand why so many women kept this issue so secret, I attempted to find out more about the reality of the lives of some of the women in this group and the issues they faced by undertaking my own research project. I had read that some women felt as though they went into their own closet as their partner came out of his. It is this 'other' closet which I explored in my research and which is referred to in the title of my paper.

My aim in conducting the research was to highlight this predominantly hidden issue. I chose to explore the diversity of situations and experiences of some women whose male partners have sex with men and to provide an avenue for these women to explore their needs and to take any steps possible to meet those needs.

I decided to hold informal, in-depth interviews with women who responded to various advertisements and flyers that I circulated outlining my research. In order to gain a better understanding of the issue, I also compiled a very brief questionnaire which was completed by a number of bisexually active men. I accessed these men through a drop-in centre catering for men in primary heterosexual relationships who also seek male sexual partners.

The questionnaire which was completed by bisexually active men provided some very enlightening results, the most revealing of which being a general lack of response. The co-ordinator of the centre where the questionnaire was distributed reported that approximately two thirds of the men who were

approached refused to participate as they felt it too threatening to their privacy, despite the absolute anonymity that was assured by both the format of the questionnaire, and the method of distributing it. The men utilising the drop-in centre represent a broad spectrum of socio-economic levels and sexual identities. Principally, however, they are involved in long-term, outwardly stereotypical relationships with women. Many have children, play footy, drink with their mates and lead an apparently heterosexual lifestyle. They also have another secret life in which they meet, and have sex with, men.

The implications for the women partners of men who have sex with men are wide-ranging. HIV and other STDs are transmitted to women who believe themselves to be in a monogamous, heterosexual relationship and therefore don't adopt safe sex practices. What I find most disturbing about the statistics at the beginning of this paper, is the large number of women who are disempowered because they are actually unaware that they belong to this group. Due to the scope of my study, I only touched very briefly on these issues but rather concentrated on the emotional and psychological consequences which affect very many women when they discover their partner's secret double life.

The four women I spoke to represented the diversity of women affected by this issue and provided a surprisingly wide range of experiences. The interviews were unstructured and informal because I wanted the women themselves to identify their issues and relate their experiences.

Three of the women described the trauma of suspecting or discovering that their partner was sexually attracted to men. Their shock and reluctance to believe what was happening were mixed with pain and confusion. They talked about feeling that their whole relationship had been a lie, that they had been deceived and betrayed.

The fourth woman's experience seems to be exceptional and unusual. After 15 years of marriage, her husband disclosed his awakening attraction to men and together they decided that he should act on this attraction. For the past two years, he has been having casual sex with men, with the full knowledge and consent of his wife. She describes his openness and honesty with her as being the key elements in her acceptance of his behaviour. She still, however, maintains his secret and discusses his behaviour with only one or two of their closest friends.

None of the women I interviewed, or those contained in any case studies or research I have read, felt that they could be completely open and honest about their partner's sexual behaviour. They therefore isolated themselves from potential support networks, often blaming themselves and taking responsibility for maintaining the facade.

There are few established avenues for women to seek help and support if they are traumatised by having a male partner who has sex with other men. Many health care professionals and counsellors have little or no experience in dealing with the situation and many women consequently feel unheard or misunderstood. Support groups can help some women but tend to be

unsympathetic towards those women who choose to remain with their partner once they are aware of his attraction to men.

My research highlighted the extent to which this is a very real issue in the lives of a large number of women. Many are traumatised for life, others attempt suicide, others have trouble forming trusting relationships. I believe it's an issue on which there should be continued debate and discussion to raise awareness within the broader community.

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The medicalisation of the female body

Sarah Gould

The Medicalisation of the Female Body

Between the early seventeenth and the early nineteenth centuries a considerable decline in women's status occurred (Oakley, 1981). Two contributing factors to this were the establishment of the professions and universities, and the emergence of capitalism. Included in the new professions of this period was that of the medical practitioner. Prior to this, the bulk of community lay healing was done by women, which included the supervision of childbirth by female midwives. However, as women were legally and socially restricted from attending universities, the new medical profession became a male dominated one. This eventually led to the power of the lay female healer and midwife being legally and ideologically subverted by male doctors and male obstetricians. At the same time, capitalism meant that the focus of the family's financial affairs shifted from the self-sufficient family working at home, to work outside of the home, in factories. This meant that the unpaid work of women now became inferior to the paid work of men. Again, women were legally and socially prevented from working in factories. This was seen as a socially and morally correct way of ensuring there was no disruption to the stability of the home and family. From this brief consideration of historical events, we can see when and how the idea that women belong at home, looking after the children, and men belong in the work place, providing for the family came into being. And at the same time, how medical practices have been taken out of the hands of women and placed in the care of men.

This essay looks at how the medical profession today mirrors the on-going sexist attitudes of society, in its treatment of and attitude towards female 'patients', in particular, pregnant women.

"The nineteenth century was a crucial period both for the evolution of modern woman's position and for the consolidation of the male obstetrical takeover" (Oakley, 1980, p.12). The prevailing view of women became one of pity and contempt, both socially and medically. The medical profession as a male dominated arena can be seen as a powerful force in contributing to society's ideology that designates women as inferior to men, and that a woman's place is in the home or in the maternity ward. Barrett & Roberts (1978) argue that this view of the female role is shared by doctors

and influences their attitude and treatment of female patients. It is believed by many in the medical profession (and no doubt many other professions) that men have a natural 'drive' to work to support their wife and family and women have a similar 'drive' to bear children and nurture their family and husband. Ann Oakley (1980) cites Newill:

There are certainly some women who say that they have no desire to become mothers and genuinely mean it; but they are a minority. Every month a young woman is reminded that her primary role in life is to bear children and even the most ardent advocate of Women's Lib sounds unconvincing if she denies wanting to achieve motherhood at least once in her lifetime (p.38).

Oakley offers many other quotes and records of conversations that have transpired between doctors and pregnant female patients, all highlighting the medical profession's belief, along with that of society's, that any woman who is a *real* woman, will want to and try to have children, as this is her sole purpose in life, accompanied with caring for her husband. One example follows:

Doctor: How many babies have you got?

Patient: This is the third pregnancy.

Doctor: Doing your duty, aren't you? (p.39).

In the nineteenth century, the view that a woman's primary role in life was to produce children took a strong hold over the medical profession, including psychiatry (Ehrenreich & English, 1973). The womb was considered to be the primary controlling feature of a woman, and the reason for female inferiority. Women were considered slaves to their bodies which were considered to be weak and perennially defective, evidenced by monthly menstruation. It was believed that by the very nature of their biology, women were confined to perform only one role, that of producing and caring for children. The womb, uterus and ovaries were reason for female inferiority and the consequent relegation of woman as physically, psychologically, and intellectually inferior, justifying exclusion from legal, political, academic and social opportunity and equality (Ehrenreich & English, 1973). Thus medical theory served to compliment the dominant social ideology.

Ehrenreich & English (1973) argue that medical science, as it relates to women, changes its theories to fit the needs of the dominant, male ideology. "The medical system is not just a service industry. It is a powerful instrument of social control" (p.87). Women have always been considered to be physically and mentally weaker, incomplete versions of men, who suffer constantly as a result of their inherent biological defectiveness. Medicine, as a male dominated profession, has always supported this ideology, in its treatment of women and its formulation of scientific theory. "Medicine's prime contribution to sexist ideology has been to describe women as sick, and as potentially sickening to men" (Ehrenreich and English, 1973, p.9). "It has treated pregnancy and menopause as diseases, menstruation as a chronic disorder, childbirth as a surgical event" (Ehrenreich and English, 1973, p. 10).

Medical treatment of women parallels and promotes society's attitude towards woman at that time. In the nineteenth century women were seen as frail invalids, that needed constant rest and therefore couldn't possibly afford the physical and mental energy required to follow other pursuits such as education and employment (Ehrenreich & English, 1973). The medical system collabourated to regard and treat women as fragile, weak, sickly creatures that could not perform the tasks necessary to enter the work force by virtue of their invalidity. Women were not wanted in the work force, so the medical profession developed medical theory and evidence that supported the view that woman should not work. In modern times, however, economic factors make it necessary for woman to contribute as much as possible to the earnings of a household. The result has been to view women's physical complaints as purely psychological, ensuring that woman are fit enough to work, but due to their limited mental coping capacity, are limited to jobs that pose no threat to male authority and supremacy (Ehrenreich & English, 1973, p.82). "The tendency of doctors to diagnose our complaints as psychosomatic shows that the medical view of women has not really shifted from 'sick' to 'well'; it has shifted from 'physically sick' to 'mentally sick'" (Ehrenreich & English, 1973, p.83). Many women's complaints are assumed to be psychosomatic, if the doctor cannot quickly find an answer. Women are treated as hypochondriacs, hysterical, paranoid and weak. Tranquillisers are commonly prescribed for female health problems that seem to have no biological cause that the medical practitioners can locate, thus enabling women to continue fulfilling their occupational and domestic duties. While the emphasis has now moved from women's

physical inferiority to one of mental inadequacy, the issue of reproduction continues to be perceived essentially as a health risk to women.

Ann Oakley (1976) suggests that male envy of the female's ability to reproduce and its potential as a source of power, is the driving force behind the male dominated medical profession's efforts to control women's bodies and the reproductive process, thereby controlling the power of women in society. It has done this by describing pregnant women as 'patients', and slotting them into the hospital system as though they were sick. Defining pregnant women as 'sick', has consequently lead to the treatment of childbirth as an abnormal activity. The ideological transformation of childbirth from the 'natural' to the 'unnatural' has allowed doctors to assume an essential role in the process of pregnancy and parturition, allocating it the status of a medical speciality in which only 'experts' should be relied on for knowledge and skill. Obstetrics has become a professional speciality, overpowering and suppressing women's self knowledge and experience. As such, reproduction has become *medicalized* (Oakley, 1980). Women are struck with the message that childbirth must be done within the confines of a controlled medical environment in order to be completed as successfully as possible. Medical intervention is not only advisable, it is essential. Both the mother-to-be and the unborn baby must be closely monitored and continuously checked using technological equipment and machinery, as often as possible during the pregnancy and birth. Exposing the majority of woman to this sort of medical overtreatment emphasises the probability of abnormality "and the need for woman to be dependent on medical care" (Oakley, 1980, p.21). Women are totally dependent on medical technology for the most basic control over their bodies and their reproductive experiences, including freedom from unwanted pregnancies in the way of contraception and abortion (Ehrenreich and English, 1973). Oakley (1984) cites Suzanne Arms, "In order to reduce risk, obstetricians, says Arms, have redefined the natural process of childbearing as unnatural, and have thereby provoked an exponential rise in the actual risks of childbirth by insisting on hospital and medical interference as the rule for all births" (p.237). Women are deceived into believing that only with the medical technology will they experience a safe, pain-free childbirth, very seldom though, is this the case.

Oakley (1981) draws on data collected from a research project she conducted on the Transition of Motherhood. In the study, Oakley found that 41 per cent of the women interviewed had their labours either induced or 'accelerated' with syntocinon; 52 per cent had an instrumental delivery and 69 per cent said they didn't feel in control of themselves and what was going on during the labour" (p.200). Other complaints included lack of information about obstetric techniques used and the high level of unnecessary technology used in pregnancy, labour and delivery. "Modern hospital obstetrical practices have included invasive diagnostic procedures, induction and acceleration of labour, reliance on drugs for pain, routine electronic fetal [sic] monitoring, dramatically increasing Caesarean-section rates, and separation of mother and baby after the birth. Each of these practices has been shown to be problematic, if not dangerous" (Romalis, 1985, p.185). "Women have complained about the unnecessary and demeaning rituals involved in such births (the shaving of pubic hair and the use of enemas for instance) as well as the pervasive use of anaesthetics and analgesics, the denial to women of the right to choose the position in which they will deliver, and the inflexible routines of many postnatal wards" (Doyal, 1985, p.249). Criticism extends also to the artificial induction of labour, which usually requires electronic monitoring during labour, and often leads to "more Caesarean sections and forceps deliveries, a higher incidence of pre-term babies and increased rates of neonatal jaundice" (p.249). Oakley (1980) refers to the unnecessary medical intervention that was originally developed to help a minority of women who may have problems giving birth, but which are now used on the majority of women who do not need them, including induction of labour with oxytocics, forceps deliveries, episiotomies, and epidural analgesia. This interventionist approach to reproduction, has had doubtful benefits for mother and baby, and even damaging side effects. Oakley (1981) cites various studies (Chalmers, Newcombe & Chalmers, Wood & Renon) that suggest increased use of inductions have resulted in no changes to perinatal mortality, and have possibly caused an increase in the proportion of low birthweight babies. Mechanical foetal monitoring has been shown to have only one result, and that is an increase in the caesarean section rate.

What was once a perfectly natural and normal process and experience for women, assisted only by other lay women, has now become an unnatural condition, complicated by all sorts of potential dangers, requiring medical monitoring and

intervention, carried out by a team of mostly male, medical experts who know much more about the patient than she could possibly know about herself. This serves to remove any chance of autonomy and self-management through out the pregnancy and especially the birth. The woman is reduced to “becoming a passive object, rather than an active agent in the process of childbearing” (Oakley, 1981, p.200). This reinforces dependency and reliance on the medical profession and reduces the threat to patriarchal dominance of medicine, women and society.

Female solidarity is also seen as a threat to patriarchal authority (Barrett & Roberts, 1978). The message, and belief no doubt, from the medical field is “that men know more about women than women do” (Oakley, 1981, p.203). Knowledge is power, so it stands to reason that if the male doctors are the ‘experts’, then they are the ones with the knowledge and the power. Conversely, as women are given minimal information from doctors, discouraged from listening to themselves and other women or seeking other forms of medical help and knowledge, then they cannot be in any position of power. The dependency on doctors, prevents women from seeking help from and trusting the advice of other women, disempowering women individually and as a collective.

This paper has looked at how the medical profession has upheld a long tradition of treating women as inferior to men, in terms of their physiology, their psychology, and thus their role and status in society. The medical world has a vested interest in preserving patriarchal supremacy within its professional sphere. As women are surreptitiously coerced into relinquishing control of their bodies, especially the reproductive process, to male dominated medical practices, they are simultaneously relinquishing their power within society at large. “How reproduction is managed and controlled is inseparable from how women are managed and controlled” (Oakley, 1981, p.206). In conclusion, it would seem reasonable to suggest that repossession of female control over reproduction is paramount to bridging the gap between female and male equality in life (Oakley, 1976; Oakley, 1981).

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Homebirth: A personal birthing story
Madelyn Herve

Homebirth: a personal birthing story.

Homebirth.

“Up until the 1930’s most Australian women laboured and gave birth at home under the care of midwives. By the 1950’s most labours and births took place in hospitals. The natural physical aspects of childbirth like bleeding, moaning and nudity were regarded as dirty and unnecessary. Cleanliness, sterility and keeping the labouring woman on her back in a hospital bed became the norm”(Parents Magazine 1997 p 31).

Over the last 20 years, women have decided that a return to the more natural types of labour and birth leads to a more enjoyable experience for everyone concerned. Healthy women in the 90’s can make a number of choices about their pregnancy and birth care. Being at home gives more of a sense of control to the woman and it has been discovered that the labours are shorter and less painful due to a higher degree of relaxation. This leads to a healthier mother and baby and less medical intervention during and after the birth.

Phase one - desision making process.

I didn’t consider homebirth when I first became pregnant as I was led to believe a previous caesarean section excluded me. I became part of the “system” at the local maternity hospital where the treatment was very impersonal as I was numbered, dated and put in the appropriate slot. The told me when and how the various medical interventions would take place. I was told another caesarean was likely and to have a routine epidural during a trial of labour. It was emphasised that there was a high chance of the previous scar rupturing and only 75% chance of a natural delivery. I didn’t like these figures and decided to do some research for myself.

V.B.A.C.

There is increasing evidence supporting the safety of Vaginal Birth After Caesarean or V.B.A.C. although doctors are still reluctant to remove the "at risk" tag attached to it. The major fear is of uterine rupture during delivery and a study done by the Oxford University in 1992 shows that the rate of uterine rupture in planned V.B.A.C. ranges from .09 to 2.2% of births. This is 30 times lower than any other unpredicted childbirth emergency. More women are seeking a natural delivery following a previous caesarean but are treated by hospitals as "a disaster waiting to happen". As soon as labour starts they are put on a drip and a monitor, singling them out from other women in labour. There is a group providing support for women planning a V.B.A.C. Birth After Caesarean Unlimited Possibilities or B.A.C.U.P. was founded 5 years ago and provides a national network of support to women unsure about their decision or ability to give birth naturally. (This information came from the Parents - Pregnancy Magazine 1997)

I attended the Baby expo at the showgrounds in 1997 and met some homebirth midwives from the Natural Childbirth Centre in Leederville. A homebirth scheme is available to subsidise the cost although they have limited places. As my research continued my partner and I became aware that the only way to meet our needs and desires was to hire a private midwife and have a homebirth. This was extended to a waterbirth as we learned more about our choices. The midwife carries out all ante-natal and post natal visits in your own home and the whole family is involved. There is no emphasis on medical procedures apart from those deemed necessary.

Phase two.-Labour and birth.

Labour started a week early with a rupture of membranes at about 6.30 pm. We started to fill the birthing tub which didn't take long and provided excellent support and pain relief. The midwife arrived and listened to the baby's heartbeat. There was no other medical intervention and many Homeopathic remedies were used as well as scented oils and herbal teas. The baby was

delivered into the water at about 11.30 pm. She floated up to meet her parents and posed for her first photo's. After half an hour with our new baby the midwife suggested that we get on with delivering the placenta. It became evident that there was a large amount of blood loss and no sign of the placenta. An injection of Syntocinon was given and abdominal massage commenced.

Phase three.-The Hospital.

The doctor was called and arrived in 15 min's after the 2nd injection of Syntocinon. The doctor put up a drip and the Ambulance was called to go to the Maternity hospital for removal of the placenta.

On arrival at the hospital they refused pain relief until I was seen by the doctor. The doctor was angry that I had had a homebirth and said they would take me to theatre but not to be surprised if I needed a complete hysterectomy due to the damage they might find. Finally they gave me a small amount of pain relief. A catheter was inserted with no regard to the pain they caused, ie , they could have used plain water instead of antiseptic solution, which was very painful.

In theatre they found the placenta was almost expelled on its own and no other damage to report. When they told me this they sounded as though they were disappointed that they didn't find any thing.

They discontinued the drip as it was discovered they had overdone the fluids and my skin was puffy to the point where I could hardly open my eyes. I then needed diuretics to get the fluids out of my system.

I had a blood transfusion the next day for blood loss. The head of obstetrics came to see me alone and lectured me on how irresponsible I, and my midwife were in coming to this decision and he informed me that he would commence action through the Nures board. He wanted my assurance that I wouldn't be doing this again. I told him to mind his own business. I was too sick to think of anything intelligent to say. The doctor that authorised my discharge from the Special Care Unit to a ward gave me a lecture as well. He was very angry and called me a "silly little girl". I was alone at this time also. He commenced me on iron tablets and I told him I wouldn't take them because they make me sick. He

said I had to take them due to the blood loss that was my own fault because I wasn't in hospital. I soon suffered vomiting and diarrhoea. I refused any more tablets. They wrote in the notes that I was being difficult.

During the first 24 hours the baby was cared for in the nursery, brought to me for feeds, then came with me to the ward.

The baby was jaundiced so we stayed for two more days while she had treatment. On the 4th day we went home and my midwife continued post natal care.

We were worried about the reaction of the nurses board but we found there was a lot of support and many people, doctors and midwives, willing to act in our favour. The story was written up by a journalist from Mother and baby magazine.

Issues.

* The beginning of the story shows a lack of information available to women on the choices of childbirth. The general idea is that when a woman falls pregnant they go to their doctor and enter the pre-natal "system" at the local maternity hospital. Often people say where did you have the baby meaning which hospital and are shocked when I say I had her at home. The Baby expo is a very good source of information and is held once a year. Mother and Baby magazine is also very informative.

* - Power of doctors and health professionals to define a safe or unsafe birth. They say that the only safe birth is one performed in a hospital.

- V.B.A.C.

- Birthing centres only cater for mothers with no previous or existing difficulties attached to operating theatres.

- Fear of litigation on behalf of medical staff. They give you the worst case scenarios so that they can't be blamed, and they look good when things go right.

- Necessary medical intervention such as what I went through should not diminish the woman's sense of accomplishment in birthing her own baby.

The power remains with the parents and their rights to choose.

* - Women have a loss of confidence in their own ability to birth their baby. They are happy to put trust and faith in medical staff rather than listen to their own bodies and own instincts.

*How do you do your rage? A qualitative investigation of contemporary
women's understanding about expressing their rage*

Verena Homberger

How do you do your rage? A qualitative investigation into contemporary women's understandings about their own potential for expressing rage.

The following is an abbreviated version of the proposal for my honours thesis.

1.0 INTRODUCTION AND BACKGROUND TO THE STUDY

The topic for my research project presented itself when I read a lawyer's comments in the West Australian that "women are just as likely as men to commit violence against their partners" and "almost the same number of acts of violence were committed by men and women towards their partners *but more research into the context of the violence was needed.*" (Meertens, 1997). My interest in women's capacity for violence was aroused further when a letter to the editor in the West Australian claimed that "men are victims of domestic violence". (Smith, 1997). As a survivor of prolonged emotional violence within a marriage and as a feminist, indoctrinated by feminist literature on the subject of domestic violence and women as victims, it took a long time for me to realise that women's capacity for violence was not discussed in the literature. A keen believer in Jung's theory of the shadow, or dark side, or projection, I am interested in uncovering what is hidden and silenced. Consequently, I decided to find out about women's parts in accounts of violence, and women's capacity for rage and aggression. I began to actively scan the paper and ask around for stories on domestic violence in general, and for women committing acts of violence in particular. Whilst the majority of stories were about violence against women, there were indeed some reports where women were not depicted as victims. They told of women neglecting their children, (tragedy of girl in squalor, 1998) and of women stabbing (Knife death, 1997) or castrating their partners (Stead, 1997).

Upon reflection, it seemed to me that such violent behaviour may well have been expressions of uncontrollable rage.

Exposure to Jungian concepts acquainted me with the notion of the shadow, or dark side of people's psyche. As a student of women's studies, I am also conscious of the

understanding that the construction of femininity rarely permits expression of rage in women.

From this background, I decided to explore further the ways in which contemporary women deal with their own rage.

1.1. SIGNIFICANCE AND PURPOSE OF THE STUDY

This project will help to remove the silence which surrounds women's capacity for violence, especially in feminist accounts. My aim is to contribute to an exploration of the much larger field of women's violence by focussing specifically on exploring the ways in which a small number of women deal with their own rage. This is pioneering work. Its significance lies in its capacity to contribute to feminist explorations of women's own violence, which may in turn enable women to accept their own capacity for violent behavior. This project will help to remove the silence which surrounds women's capacity for rage and will contribute ultimately to feminist accounts of violence in relationships by focussing specifically on the ways a small number of contemporary women deal with their own rage. This research project will explore women's understanding of their own potential for expressing rage.

There is an awareness that women, at times, can be aggressive and violent, and the project aims to further this awareness by giving space to a small number of women to investigate their own capacity for rage, anger and violence. It will help to remove the silence which surrounds women's capacity for rage. The breaking of the silence may well challenge current concepts of femininity which does not include rage, aggression and anger as acceptable feminine characteristics.

Having said this, I wish to stress that women investigating and owning their own violent feelings is not to be construed as licence for society to say that it is acceptable for men to be violent towards their female partners and/or children, nor to give men an excuse for being violent in retaliation for women starting the violence in the first place. This paper is not trying to attribute guilt, nor attempting to shift the balance in the scales of violence in relationships. It simply aims to explore the lived experiences of women who

themselves may acknowledge their capacity for rage and thus contribute to a feminist analysis which accepts as normal for women an enormous range of emotional expressions from extreme placidity to passionate anger and rage.

1.2 THE RESEARCH QUESTION

The research question is threefold:

How do contemporary women express their rage?

How do they think about it and understand it?

How do they feel after they have expressed rage?

Participants will be asked: "How do you do your rage?"

2.0 Literature Review

There is an abundance of literature on domestic violence committed **against** women, but out of 707 journal articles on domestic violence, there were only 25 where women were not the victims. Mainly, these articles discussed women who killed their partners. (Scutt, 1997; Ho and Venus, 1995; Sinclair, 1993; Currie, 1995; Easteal, Hughes and Easter, 1994; Stubbs and Tolmie, 1992 and 1994; Easteal, 1993; Tarrant, 1990 and 1992; Rathus, 1986; Bacon and Lansdowne, 1992). Summarising, it was found that there exist significant differences between male and female violence. Male violence is more serious, employs a wider range of tactics and comes from a position of dominance and power, whereas female violence is often self defence or an expression of frustration and stress, but not usually an attempt to control or dominate. The reasons for men killing their female partners were reported to be possessiveness, jealousy, histories of violence, and deep depressions which led the male to suicide after killing his female partner, whereas women tend to kill their partners in self defence. Examining claims depicting women as perpetrators of violence against children Ros Thorpe (1996) argues that women are often held accountable for violence perpetrated on children by others and identifies a cultural predisposition towards mother blaming. Further, she asserts that social factors, such as poverty and violent partners, can be significant causes contributing to the violence. Ania

Wilczinsky (1996) identifies mental disorders, a sense of altruism or unwanted children as women's reasons for killing their children.

Women's rage and anger can present problems for women, but they can also be used constructively:

Ros Thorpe (1996) discussing the inter-relationship between power and anger, asserts that anger can be an alternative to depression, powerlessness and loss of control. K Neilsen (1989) shows the creativity in anger by describing how women's pent-up anger was utilised in positive ways to take action on common problems and concerns in their community.

Burbank (1994) notes the positive implications of rage when women refuse to be victims.

Kathy Laster (1995) views violence displayed and received by indigenous women as empowering.

Anger becomes a problem when expressed internally as Sue Wilson (1994) found when working with young women in residential settings. She said that internalised anger manifested in self mutilation, eating disorders, substance use, or remaining in abusive relationships.

The above are examples from contemporary literature. Women's rage is also the subject of mythology and folk tales. There, we find many stories of powerful women and women whose rage was life-threatening. One example is the all powerful goddess Demeter in Greek mythology, the life-giving earth mother who, in her rage, ceased to make crops grow so that all life on earth withered and died. The evil mother was feared in many mother Goddesses in different places and cultures. Hera, Kali, Inanna, Lilith, Isis, Nut, all had a light, life giving side and a raging, dark, and murderous side. In many German folk tales there is an evil mother, witch or step mother conspiring to kill children. She is featured in Hansel and Gretel, in Snow White and Sleeping Beauty, Red Riding Hood, and others. (Ursula Ewig, 1969). How did the powerful mother goddess become an ugly old witch? Feminist writers have argued that subsequent cultures demonized the goddesses' power over life and death to establish and consolidate the law of the fathers supporting powerful patriarchal structures. (Mary Daly, 1978, Carola Pinkola Estes,

1991). They say that it is a patriarchal plot to depict powerful older women as wicked witches to discredit, ridicule and disempower the knowledgeable old crone.

3.0 METHODOLOGY

For data collection, I intend to use a phenomenological approach. Feminist research methods, as explained below, are particularly suitable for this project.

Shulamit Reinharz (1992) describes feminist research as an inter- and trans-disciplinary "blend of writing" (p. 74) using qualitative and quantitative methods to inform about the person, the problem and the method. Much feminist research recognises the importance of unobtrusive documents and focuses not only on existing, but also on missing texts, thus making the invisible visible. By "putting the spotlight on women as competent actors, and seeing how the lack of knowledge is constructed" (Reinharz, p. 248), feminist research helps increase awareness of women's lives and thus modifies historical records. Feminist research is frequently informed by the post modernist view that the researcher is not the god-like expert and must accept that many truths and realities are being experienced by many people each day, and each one is as valid as the next. Dale Spender (quoted in Reinharz) says that feminist research is based on the crucial insight that there is no one truth, no one authority and no one method. Judith Lorber (1988) asserts that feminists uniquely contribute to social science by seeing patterns and interrelationships, causes and effects and implications of questions that mainstream social research ignores. In feminist research, the emphasis is on the process of gathering information, not the results. The open-ended process will assist in expanding theoretical frameworks and methods. Reinharz calls it a process of discovery in which not only the subject matter is discovered and demystified, but it is also a journey of self discovery for the researcher (and the researched), as during the process, the researcher's consciousness often changes. The process of change can be documented as part of the research in what Reinharz calls an epistemology of insiderness, forming a link between the personal and the political. Stanley and Wise (1993) place particular importance on the researcher's presence in the research asserting that all research is based upon the researcher's consciousness and is not a product of pure science. Finally as Patti Lather (quoted in

Reinharz) says, feminist research must be linked to action which must be oriented towards social and individual change, because "feminism represents a repudiation of the status quo."

4.0 METHOD.

I have decided on a qualitative research method consisting of in-depth interviews. Case histories will be provided by six women selected from my circle of friends and acquaintances. I realise that this will limit the research to white, articulate, educated, middle class women. Prospective respondents will be informed about my project and if they agree to participate, will be required to sign an informed consent form before the interview. I plan to conduct individual, semi-structured, in-depth interviews at the respondents' homes. Interviews will be preceded by telling the myth of Demeter and Persephone to draw attention to the life-threatening extent of female rage. I will then ask the respondent how she relates to this myth. I anticipate that the interview will uncover many different aspects of the respondent's present life and her past experiences. I will encourage her to explore her potential for rage and anger and ask her how she expresses these emotions. It is quite possible that some women express their rage in a violent way and the interview will give them space to explore their needs and emotions. I am not unfamiliar with emotional situations as I frequently encounter them in facilitating personal development and therapy groups. In addition, should a respondent want counselling or therapy, I have access and can refer her to these services. After the hour-long interviews, respondents will be able to listen to the recording and make changes if desired. I intend to follow up by telephone and give the respondents a copy of their transcript which they may edit at their discretion. I envision the series of interviews to be completed over a period of two weeks, with transcribing taking another two to three weeks. Together with anecdotal material I plan to gather in discussions with other women who work with women, counsellors, therapists and refuge workers, these interviews will provide information on how a small number of women express their rage. As some of the material will be of a sensitive and emotional nature, as a researcher who places herself in the middle of the question, I expect to be affected and deeply touched by

some of the things that I will hear. As feminist researchers we have to locate ourselves within the process of conducting the research and within the questions we ask. Therefore, in accordance with feminist research practice, the project will incorporate the writing of a personal journal documenting my own journey during the process of the research.

5.0 ETHICAL CONSIDERATIONS

Information given in confidence and purely for the purpose of this research project will not be divulged to others and respondents' identity will be protected at all times. As stated in the previous paragraph, women who agree to personal interviews will be asked to sign an informed consent form which explains how respondents' privacy will be safeguarded before being interviewed. All names and identifying details will be changed in all of the transcripts. Participants will have the opportunity to listen to and edit their recordings and will be handed a copy of the transcript which they may alter at their discretion. Should ethical dilemmas present themselves during interviews due to the nature of the disclosures, I will inform the respondent of my dilemma - which may well lead to the termination of the interview - but I will safeguard her confidence.

All references will be included in the reference list and will be accurately cited.

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Up close and personal: Ethical dilemmas in interviewing
Deborah Ingram

Up Close and Personal: Ethical Dilemmas in Interviewing

Introduction

What is a narrative? A narrative is a story. It usually has a beginning, a middle and an end. Narratives can have a problem to solve, conflicts and tensions, goodies and baddies, a moral or meaning. Narratives have a narrator who tells or writes the story and a narratee who listens to or reads the story.

Telling narratives or stories is a basic way of representing action (Bruner, 1986; Ricoeur, 1981, 1984). Stories are told for many reasons: "to entertain, to gossip, as evidence for our arguments, to reveal who we are" (Mattingly, 1991, p. 235).

Stories help solve the problem of communicating what one knows. As White (1981) observes:

We may not be able fully to comprehend specific thought patterns of another culture, but we have relatively less difficulty *understanding* a story coming from another culture ... far from being one code among many that a culture may utilise for endowing experience with meaning, narrative is a metacode, a human universal on the basis of which transcultural messages about shared reality can be transmitted." (p. 1 - 2).

The narrator, in constructing the story, seeks to communicate meaning while the narratee, in interpreting the story, gains meaning (Carter, 1993), but both narrator and narratee bring their own experience and knowledge, their own baggage, to their writing and reading of the narrative.

Bruner (1986) states "language is our most powerful tool for organising experience, and indeed, for constituting 'realities'," (p. 8). Telling stories helps to make sense of experiences. As Mattingly (1991) observes "One motive for telling stories is to wrest meaning from experiences, especially powerful or disturbing ones" (p. 237). Stories capture the ambiguity and dilemma of situations as well as the complex and unpredictable influences and intentions of the participants in the story (Carter, 1993).

What is narrative research? For me, narrative research involved listening to my participants' stories, identifying what I thought were the important themes which emerged, constructing an account to communicate those themes which included the voice of the participants and encapsulating that account within my own story of my research.

In this research, I found two experiences while interviewing to be personally disturbing. By telling the story of my struggles and dilemmas I hope to capture some of the ambiguity, some

of the complexity and some of the unpredictability of the situations that we as researchers can face as we conduct our research and in so doing raise the questions of how we relate to our participants, how we deal with our own subjectivity in our research and how we treat the narratives of those we interview.

My story

As a researcher my primary orientation is to validate the subjective experiences of subordinated people. I am committed to narrative as a research method because I think it can expose the political nature and complexity of the context and the circumstances of the participants. Through the telling of the participants' story, I believe the power relations and structures which define and control them are likely to be challenged. Something of the culture and identity of the participants can be known by those on the outside who are often in a better situation to make the changes needed to improve the situations of those at the lower end of power relations.

Narrative research appealed to me because I wanted to be 'up front' about my own subjectivity. I think that all research is influenced by the researcher's subjectivity, but in narrative, at least, I can be open about that subjectivity. What I had not anticipated was having to be quite so open about my subjectivity. I had not realised how much narrative as a research method compels one to confront one's subjectivity.

My study is about the impact of an extended practicum programme, the Assistant Teacher Programme (ATP), on five student teachers in the final year of their teacher education course. This practicum extends over a period of ten weeks. At the beginning of the study, I had wanted to know about the experiences of the student teachers and the changes they underwent as a result of their extended practicum. My main purpose had been to give future student teachers an insight into the experience of being a student teacher on an extended practicum and the ways in which these experiences impacted on the practical theory of student teachers. In choosing to research only the student teacher's perspectives of their ATP, I had chosen to give voice to those in the teacher education practicum who were "clearly located at the bottom end of all power relations in which they are involved" (Martinez, 1997, p. 9).

The approach I took to the interviewing drew strongly from the field of oral history. In order to be as attentive an audience as I could, I did not take notes during the interviews and, having committed the schedule to memory, referred to my interview schedule as little as possible. I mainly used nodding and smiling to reassure the participant that I was listening and understanding what they were saying rather than interrupt the flow of their conversation with verbal feedback. The interviews were semi-structured with open ended questions to prompt student teachers to reflect on their experiences and the answers of the student teachers were probed more fully as seemed appropriate at the time. Whilst the pre-planned questions

included issues that were relevant to me, issues which were clearly significant to the student teachers were followed up with further probing during the interview. Using an open ended question to open the interviews elicited those issues which were most pertinent to the participants.

Interviewing Craig

Craig Green is a mature age student who, as a child, went to Catholic schools until his last two years of secondary education. He was very anti-authoritarian. Having been told he would never succeed in life if he didn't get qualified he set about proving everybody wrong so he deliberately failed year 11 two years in a row. After working in a number of fields, Craig was encouraged by an associate to enter university. Craig chose teaching and after his first teaching practicum decided he "*just bloody loved it.*"

Generally, Craig had enjoyed his past practicums. The exception was Craig's last practicum, a remote desert community practicum, which he described as

a hell of an experience to say the least. A terrible personality conflict between me and the teacher and it was a bit of a shock to the system ... I had no problem with her teaching ability, but for some reason or other, she took a disliking to me ...

Craig's experience with his last practicum teacher made him wary of his supervising teacher for ATP. In his first interview he commented that

the teacher that I have, I believe, has the potential to be the same, but I'm still sort of smarting a bit from the last one.

After the first week of ATP, Craig's initial comments about his teacher were positive. As the interview continued, however, a different picture began to emerge. Craig made comments such as

I'm still a little bit wary of the teacher. There have been no problems but the interaction between us isn't great ...

There's a bit of a hang over from the remote thing [which has] made me very wary of teachers like that particular one and I see a bit coming out of the teacher I have as well so, yes, I'm nervous about hoping that she doesn't take some particular disliking for whatever reason that might be ...

I'm being very careful about what I say and deliberately going about acting as professional as I possibly can ...

I think because of the degree of discomfort I have with Katrin [my teacher]...

I was beginning to feel concerned about the feelings of discomfort Craig was experiencing with his teacher, and this concern increased after Craig shared some general comments from the teacher.

I think she wants out of it. So knowing those things that sort of helps explain her behaviour, but it does make me feel uncomfortable and that really is where all of my nervousness is coming from, is her. If she turns nasty I could be in all sorts of trouble and when I think about my past experience with someone turning nasty, I really don't want to go through that again.

By this time, I was in turmoil. Craig had seemed tense when he arrived and his tension had seemed to increase as the interview had proceeded. Craig was obviously struggling with the similarities he perceived between his supervising teacher for ATP and the supervising teacher for his previous practicum and this appeared, to me, to be impacting on his ability to cope with all the usual tensions he, like most student teachers, was experiencing at the beginning of ATP. From the previous interview, I knew that, as far as he was concerned, the Practicum Department weren't interested in providing support for a student teacher struggling with these issues. His past practicum experience was, at best, coloring his view of his supervising teacher and affecting his ability to work with her. He may have been unlucky enough to have scored another less-than-satisfactory supervising teacher or maybe his life long aversion to getting a qualification was raising its head. I knew I was not a counsellor, but, unlike Craig, I knew there was support and counselling available for student teachers in his situation.

The question I faced was 'as a researcher, what do I do?'

My positivist-empirical-scientific self said 'this is your data. You don't influence your data. If he self-destructs, that's a part of your research. You don't intervene.'

My more humane self said 'you can't stand by and watch a nice guy like this self-destruct! Let him know that he could talk it through with a counsellor.'

Another self struggled with 'if I say something, will he find that even more disconcerting? Will he think it's even worse than he thinks already because the researcher thinks he needs to see a counsellor?'

How does one find an answer to this dilemma in the 'hot action' of an interview situation?

How does a researcher relate to their participants?

Ann Oakley (1981) faced a similar dilemma. Her study involved repeated interviewing of pregnant women in their transition to motherhood. In some cases, Oakley was present at the births of their babies. These women were prepared to share their real feelings about their birth experience, their baby, their relationship with their husbands, their sex lives. Faced with an anxious woman who had been unable to get satisfactory answers to her questions from medical staff and who saw her as a knowledgeable person to ask, Oakley was also challenged with the question of how one relates to the participants in one's study.

Interviewing is a means of data collection which has its own set of rules for how it should be conducted. Oakley (1981), who challenges these 'rules', notes that

a major preoccupation in the spelling out of the rules is to counsel potential interviewers about where necessary friendliness ends and unwarranted involvement begins" (p. 33) and that in "the 'proper' interview ... feelings and emotions do not exist (p. 40).

In the interview with Craig, emotions and feelings did exist. Craig was anxious. I was uncertain and in turmoil.

As Casey (1995) observes, the difference between conventional positivist research and narrative studies

is not simply a question of whether researchers collect data about subjects or from them ... what is at stake is a fundamental reconstruction of the relationship between the researcher and the subject of the research (p. 231).

In relation to feminist theory, the Hunter College Women's Studies Collective (1995) states that

radical reconceptualizations are seen to be required to overcome the bias that has been built into what has been taken to be 'knowledge',

reconceptualizations which extend beyond the topics of interest to

the very concepts and assumptions with which inquiry has proceeded (p. 63).

How one locates oneself as a researcher in relation to one's participants is an area which comes to the fore with particular types of research.

In my interview with Craig, silence won, but, over the following weeks, I struggled with having chosen silence. Would Craig survive to the third interview?

He did,

Who is running this interview?

For his ten week teaching practicum, Craig had been placed in a PSP school¹. In the interview at the end of his first week of the ATP, Craig's first comments were on

the beauty of the kids ... even if they're little nuggetty, hard little buggers.

Craig had identified and related positively to the children he had met. He had indicated a preference for a quieter management style than his teacher and had been deliberately attempting to implement his own style of classroom management.

By interview three, however, half way through the ATP, there had been a significant shift in Craig's attitude. Craig's frustration with his year 3 students was evident.

Their concentration span can be quite good, but for the most part it's bloody terrible. I've got to tell them over and over and over again, I really have to condition them to do certain things.

Craig found that even as he was explaining what was wanted, a child would start doing the very thing he was addressing. One child in particular was frustrating.

There's one kid in the class who I'm going to put on a contract next week. I'm sick to death of it and I'm going to tear his head off if Katrin doesn't before I do. Every few minutes it's 'Mr Green?' and he's got stories to tell, he doesn't have questions. 'What do I have to do with this little bastard to get him to sit down and shut up?' So it is hard from that point of view. I've got to stop and think to myself 'They are only 7, 8 years of age and that's probably pretty normal.' But it's frustrating none the less and that's why it's hard.

¹ The Priority School Programme (PSP) is the WA terminology for the Commonwealth Disadvantaged Schools Programme. Teachers in PSP schools are faced with challenging situations. Within PSP schools, Commonwealth money is frequently spent on staffing in a wide range of areas which support the regular teaching staff, children, families and curriculum. Social workers, Aboriginal Education Workers, and parenting programmes are examples of some of the support provided in these schools.

At this point I had become aware of switching away from my researcher's role to another self. My youngest child is in year 3 and I was suddenly a mother mentally telling Craig that 'This child is complimenting you with this sharing of his stories however frustrating and monotonous it may be for you.' I quickly resumed my researcher's role.

Craig had continued,

"I'm learning as I go how to generally get the class under control and as sad as it is and I don't necessarily believe in doing it but it's what works extremely well, is to kind of make an example of one of them ... I had a situation where there was one kid. I justify it by thinking to myself 'well by telling this kid in front of everybody else they're going to learn as well what the unacceptable behaviour is.' I don't abuse the kid as such or try to belittle them in any way. I'll get very stern with them. One in particular who I remember. We were doing a bit of art and the thing had to be covered in plastic and I was doing it. They weren't capable of doing it by themselves so I had them come up one at a time and I'd say 'One at a time.' And one of them just couldn't get the message. I must have told him at least five times to sit down 'You will be next after so and so. When I have finished her's I will call you over.' And I thought 'How much clearer can I get than that?' So about five times I did that and then at the end of the day 'If your's is covered put it in your big drawer' and all this crap. Lo and behold just before the end of the day I look on my desk and here's this kid's bloody folder again, because it should have been on another table, so I just grabbed it and I threw it in the bin."

Again, I struggled with my own baggage. I struggled as a mother and as a teacher who was appalled at such an action. I struggled as a researcher trying to control my own reactions so I would not influence my participant's telling of his story. I do not know how well I succeeded. Later as I listened to the recording I could hear my voice becoming quieter and quieter at this point and I could hear the restraint in my tone; or was that just because I remembered so clearly my struggle at the time?

How does a researcher deal with their own subjectivity in their research?

Ryan (1986) observes that

the most obvious form of moral education in the classroom is the example teachers provide for their students (p. 232).

Perhaps the most obvious form of moral education in research is the example researchers provide in their interactions with their participants.

I had not realised how much narrative as a research method would compel me to confront not only my subjectivity, but who I was as a person, my own value system. When Craig threw the child's work into the bin, I was overwhelmed with a sense of moral outrage at the lack of respect for the child and at the disproportionate punishment for what he had done. In this instance I had not remained impartial. I had reacted and reacted strongly. At one point in my struggle, I can remember wanting to write the account up to show just how terribly this participant had acted. I was full of righteous indignation. At the same time, I realised that Craig was being incredibly open with me, telling me what it had been like for him. As Craig shared his stories with me, he disclosed something of himself, who he was as a person as well as a student teacher. He was taking as great a risk as the child who had put his art folder on Craig's desk. He was showing the same trust and openness to me that the child had shown to him. Even if I did not think that he had shown the respect that I thought was due to the child, it was important to me that I respect him as a person and that I respect his openness to me.

How does a researcher treat the narratives of those they interview?

In writing my thesis, I had intended to keep the voice of my participants foremost. This was to be their story. What I included overtly about myself would be minimal. Yet I found that I could not be open about my research without including myself a lot more than I had intended. Quite unexpectedly, my multiple selves, myself as a mother, as a teacher, as a person with certain values, had come crashing into this research. In Craig's case, I know of the contents of the interview after he described throwing the child's work in the bin only because I had taped it. During those particular moments I had been struggling with my own reaction even as I tried to maintain some objectivity as a researcher.

I faced the dilemma of how to deal with my subjectivity in writing up the narrative for Craig. To not include my own reaction seemed dishonest. To write an account including my reaction fully would draw away from the importance of Craig's story. The dilemma was resolved with the recognition that, for me, the story of my participant was more important in the context of the study I was doing. The story of my own reactions belonged to a different time and place. In such a forum as this I can tell that story, I can step back and take a look at what occurred and evaluate it in the light of the broader issues which it raises.

Conclusion

Through my telling of these stories I have represented Craig as a certain kind of person and am mindful that I may have inadvertently made an unfair caricature of him. Perhaps all storytelling carries such risks. I, at least, have had some control of what I shared about

myself but just as inadvertently may have revealed more of myself than I intended. Reinharz notes

Researchers who self-disclose are reformulating the researcher's role in a way that maximises engagement of the self but also increases the researcher's vulnerability to criticism, both for what is revealed and for the very act of self-disclosure. (p. 34)

In telling my story of interviewing Craig, I have attempted to make sense of my experiences and to raise the questions of how we relate to our participants, how we deal with our own subjectivity in our research and how we treat the narratives of those we interview. Such questions are not easy to answer, but if we are committed to challenging the existing power relations and structures which define and control both researchers and participants then we need to give careful consideration to them. For me, interviewing my participants was not a detached process, but rather a process that raised issues that were both up close and personal.

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Women on the move: A qualitative study of women's relocation experience

Ann Jones

Women on the move:
a study of women's experiences of relocation to a remote area

INTRODUCTION

Background to the Study

"*This is a man's town.*" my client had said. As I gazed out the window of the counselling service, pondering her words, I became acutely aware of the symbolism of the numerous four-wheel drive vehicles in the car park opposite. Was this the answer then to the sense of dislocation I had been feeling since I had moved to this remote town some months ago? I had relocated many times earlier in my life, moving with ease between continents, countries, and cities. Yet I was finding this move, to a small town 1200 kms. from the city, the most difficult I had ever had to cope with.

Over the following months I analysed my own experience and realised that, for me, this move was different because *I* was different. In the intervening years, since my last move, I had come to view the world differently. I had developed a feminist consciousness which now revealed things I would not have noticed before.

In the initial weeks, I had noticed the community's collective need to categorise me into an acceptable 'womanrole'. On introducing myself as "*the new counsellor*" I was invariably asked about my marital and parental status. No longer identified by my previous roles of wife and mother I did not fit in. There is no category for single, mature, professional women in this town. Usually quick to make friends, I found I had difficulty meeting people who shared my values and world views. This left me feeling very isolated and alone. I also experienced a strong sense of guilt about my relocation - about not living in the same city as my children, even though they are now adults.

On a personal level, I came to realise that, separated from my supportive feminist networks and friendships, and living in a town with strong traditional gender stereotypes, I had become temporarily disoriented, resulting in a sense of insecurity and isolation. In addition, in such a conservative environment, my previous strong patriarchal conditioning was resurrected and precipitated an internal struggle about my role as a mother.

Professionally, in my first few months, I was consulted by several women who had recently relocated because of their partners' employment, and were very

unhappy. Acknowledgement of their losses of family, friendships and, in several cases, careers, and my own self-disclosure of difficulties in adjusting to small town 'culture', resulted in an immediate sense of relief for them. Their experiences were validated, and reframed, not as personal failure on their part, as they had believed, but as a natural and legitimate response to the situation in which they found themselves.

Later, after I had discovered the concept of 'relocation stress' in the psychological literature, I raised the issue of the impact of relocation/isolation with male managers of two separate organisations with mobile (mainly male) workforces. In both cases, the 'problem' was attributed only to female partners of employees, and was seen to be due to the fact that, because of the isolation, it was difficult for the 'girls' to go on shopping trips.

I continued to hear the phrase '*it's a man's town*' over the following months, not only from recently-relocated women, but from women who had lived in the town for many years. By then, I too had noticed the strong male bias in occupational, recreational and social opportunities within the town, the double standards that were used to judge male/female behaviour, and the ease with which a young girl could gain a 'bad' reputation. When I used the phrase as an introduction to a promotional talk on counselling to a small group of professional men, I was met with a hostile and defensive response. I have only met one male, a visiting health professional, who described the town in similar terms. He called it "*a big boys' town*".

This research project then is a result of my personal and professional experiences of relocation. It is an attempt to integrate my experiences of relocation to a remote area with my work as a counsellor *and* as a researcher.

Significance of the Study

This study is significant in terms of both its focus and its theoretical approach. It will contribute to filling a gap in the current literature by adopting a feminist framework to explore and analyse women's subjective experiences of relocating to a remote community.

In much of the existing literature on relocation, women's own experiences are peripheral, the primary focus being their culturally-assigned roles of wives and mothers, with responsibility for their family's and/or husband's adjustment. Women's voices have not been heard with regard to what the experiences of relocation have been like for them as individuals.

Although some consideration has been given in recent years to the experiences of rural women (Alston, 1989, 1990, 1995; Commonwealth of Australia, 1988; Dallow, 1992; Dempsey, 1992; James, 1989.) very little attention appears to have focused on how women who move from cities to small rural towns experience that relocation. Previous research has focussed mainly on urban relocation, particularly in relation to employment, with an emphasis on psychological adjustment of individuals and families (Anderson & Stark, 1988; Bayes, 1989; Berman, 1983; Brett, 1982; Coyle, 1993, 1994, 1996; Munton, 1990; Munton & Forster, 1990; Munton, Forster, Altman & Greenbury, 1993). Some attention has been given to international relocation and the culture shock usually associated with such moves (Ang-Lygate, 1996; Coyle, 1993; Fontaine, 1986; Munton, Forster, Altman & Greenbury, 1993). There has been no feminist analysis of relocation, and moving from urban to remote areas does not appear to have been explored.

Purpose of the Study

The purpose of this study is to contribute to feminist knowledge and theory relating to the relocation process. Specific objectives of the study are:

- To describe and analyse the experiences of women who relocate from a city or major regional centre to a remote town;
- To explore the strategies they use to adapt to their new environment;
- To explore how gender impacts upon women's experiences of relocation;
- To stimulate a process of consciousness-raising and action-taking that will benefit the research participants;
- To provide a base for further feminist studies on relocation.

Research Question

What have been the experiences of women who have relocated to this remote area?

REVIEW OF LITERATURE

General literature

A review of the literature reveals that relocation has been conceptualised in several different ways: i) *community relocation*, often related to changed housing needs (Kling, Ryff & Essex, 1997; Ryff & Essex, 1992; Smider, Ryff & Essex,

1996); ii) *job-related geographic relocation*, both national and international (Anderson & Stark, 1988; Berman, 1983; Brett, 1982; Coyle, 1993, 1994, 1996; Munton, 1990; Munton & Foster, 1990; De Cieri, H., Dowling, P.J., & Taylor K.J., 1991; Fontaine, G. 1986; Nankeris, Compton & McCarthy, 1992; Robbins, 1991; Robbins & Mukeji, 1990); and, iii) *migration*, or cross-cultural relocation for political, economic or family reasons (Ang-Lygate, 1996; Francis, 1994; Turnbull, 1996). For the purposes of this study, I have focused on job-related geographic location.

Feminist researchers do not appear to have focused attention on the issue of relocation, in spite of the fact that residential/occupational mobility is an increasing phenomenon of modern life. A search of the literature reveals two separate but related lines of enquiry - from human resource management and from psychology.

Literature on previous findings

Both psychology and human resource management have identified relocation as a major stress on employees and their families, requiring significant psychological and social adjustment. The term 'relocation stress' is widely used throughout the literature to describe this adjustment process. The loss of existing family and friendship support systems and the need to rebuild social/community networks in a new environment is seen as a major source of stress (Anderson & Stark, 1988; Berman, 1983; Brett, 1982; Coyle, 1993, 1994, 1996; Munton, 1990; Munton & Forster, 1990; Munton, Forster, Altman & Greenbury, 1993; Seidenberg, 1973). Culture shock is seen as an added dimension of this stress in the context of international relocation (De Cieri, Dowling, & Taylor, 1991; Fontaine, 1986; Nankeris, Compton & McCarthy, 1992; Robbins, 1991; Robbins & Mukeji, 1990).

For the most part, the relocation literature assumes traditional family structure and role relationships. Women are cast as the 'supporting actors' in the relocation process, while men are seen as the 'prime movers', relocating for career advancement. Responsibility for partner/family adjustment is generally allocated to the woman (Berman, 1983; Brett, 1982; Coyle, 1993). In a review of the literature on stress during relocation, Lundy (1994) found that mothers and wives were often 'blamed' for the family's failure to adjust to their new environment. This reflects the belief of many feminists that women are expected to do the 'emotional' work within relationships (Spender, 1980; Rowland, 1988).

Although Coyle (1996) maintains that relocation research in the past decade has

reflected sociological change, there is little evidence to support this. Even in recent relocation studies, the focus is primarily on male career moves (Coyle, 1993; Munton, 1990; De Cieri, Dowling & Taylor, 1991; Rives & West, 1993). Single female transferees seem to be entirely missing from the relocation picture and although dual-income families are acknowledged in some studies, a wife's need to find employment in the new location is often seen as a hindrance to her partner's adjustment (Coyle, 1994; Munton, 1990; Rives & West, 1993). Only Pierce & Delahaye (1996) acknowledge the dilemma of relocation for *both* members of a dual-career couple.

Specific studies similar to the current study.

There appear to be no studies on relocating to a remote area and scant attention has been paid to the impact of gender on the relocation process, apart from differences in motivation and decision-making. Williams, Jobes and Gilchrist, (1986) found that women were more likely than men to migrate for quality-of-life, rather than economic reasons (see also Markham, 1987), and women in relationships reported lower levels of stress, where the decision to move was an egalitarian one (Makowsky, Cook, Berger & Powell, 1988; Williams et al, 1986).

One relevant study is Bayes' (1989) exploration of the effect of relocation, on what she provocatively called the *"trailing spouse"* (p. 280). She found that many spouses experienced feelings of anger, resentment, and dependency: *"You invest in his dream....Nobody, not even you, invests in your dream"* (p.285). Bayes found that social and relationship pressures make it difficult for the accompanying partner to express their sense of loss, and feelings of disruption and depression are often interpreted as personal failure. Respondents in Bayes' study revealed a profound need for acknowledgement of the meaning of relocation for them: *"No one knows how hard it is. What am I doing here?"* (p.286).

Literature on Methodology

Feminists have long challenged the myth of 'value-free' research (Cummerton, 1986; Lather, 1988, 1990; Klein, 1983; Reinharz, 1992; Rosser, 1988; Stanley & Wise, 1983, 1993). Previous studies on relocation reflect the political interests and implicit values of their disciplines. In the human resource management studies reviewed, people's experiences are analysed only in relation to corporate values and goals. Women's experiences are defined by their impact on worker adjustment. Similar biases and restrictions apply to the psychological studies, with women being held responsible for family emotional adjustment. There is also a tendency to pathologize women, with difficult experiences often described

as personal adjustment failure (Anderson & Stark, 1988; Lundy, 1994; Richards, Donohue & Gullotta, 1985; Seidenberg, 1973).

In both disciplines, traditional research designs were favoured, with questionnaires and statistical analyses the primary means of data collection and interpretation (Brett, 1982; Coyle, 1993; Munton, 1990; Munton & Forster, 1990). Such research methods leave little or no room for subjectivity which is seen as an integral and valuable part of feminist research (Gunew, 1990; Reinharz, 1992; Roberts, 1981; Stanley & Wise, 1983, 1993). Even when interviews have been used in the current literature, women's experiences are still narrowly defined by their role as mother or 'corporate wife' (Brett, 1982; Coyle, 1993, 1994; Lundy, 1994; Munton, 1990), one respondent even being described as an "oil wife" (Munton, Forster, Altman & Greenbury 1993, p.66). In addition, although many of the studies were carried out by relocation consultants employed by corporations (for example, Coyle, 1993, Munton, 1990), issues of power and objectivity have not been addressed or even acknowledged.

Feminist research is seen as an *approach* to knowledge-making rather than a particular set of methods (Reinharz, 1992) and calls for research designs which both empower the participants and contribute to social change (Lather, 1988; McRobbie, 1982; Reinharz, 1992). Interviewing, the data collection method proposed by this study, is seen as very effective in creating knowledge which "encompasses and expresses the experiences of women" (Finch, 1984, p.81), only if the personal, political and ethical issues raised by interviewing are also acknowledged (Finch, 1984; Oakley, 1981; Reinharz, 1992).

THEORETICAL FRAMEWORK

Feminists have highlighted the fact that knowledge is socially, politically and historically constructed, resulting in the predominance of androcentric knowledge which treats the masculine as the universal, the scientific as objective and value-free, and, where issues of gender, class, race and control are neither acknowledged or addressed (Cook & Fonow, 1986; du Bois, 1983; Gunew, 1990; Ramazanoglu, 1989; Reinharz, 1992; Stanley & Wise, 1983). The feminist framework which underlies this project brings a transparency to the research process, by making visible the motivations, beliefs and values that I, as researcher, bring to the project.

Reinharz's (1992) definition of feminist research as "*research (which) concerns itself with women's ways of knowing*" (p.4), invokes three important concepts which lie at the heart of my approach to this study. Firstly, my belief that

women are 'experts' on their own lives is constantly reinforced for me in my work as a psychologist. In the critical space created in individual casework and group facilitation, women emerge not as mere recipients of androcentric 'expertise', but as knowers and makers of woman-centred knowledge - knowledge they use to survive, to resist oppression in whatever ways are open to them, and to make changes in their lives.

Secondly, my belief that women experience the world differently to men, and that gender is at the core of this different perspective, is inherent in a feminist framework (Cook & Fonow, 1986; Eichler, 1980; de Lauretis, 1986; Lather, 1988; Rosser, 1988; Stanley & Wise, 1983, 1993). Patti Lather (1988) states that *"gender (is) a basic organizing principle which profoundly shapes and mediates the concrete conditions of our lives"* (p.571).

Thirdly, another feminist principle that underlies my approach is that women's experiences of the world, and even of common phenomena, are affected, not just by gender, but, by a vast range of variables including class, age, marital status, religion, ethnicity, sexual preference, time, and place. As Stanley & Wise (1993) point out *"(the) social contexts within which different kinds of women live, work, struggle and make sense of their lives differ widely across the world and between different women"* (p.22).

The proposed study, therefore, places women at the centre of the research, by adopting a gendered perspective to women's subjective experiences of relocation, and exploring both common themes and diverse experiences to produce women-centred knowledge.

RESEARCH PROCESS

My location within the research.

I acknowledge that I do not bring, what Stanley & Wise (1993) call, *"an empty head"* (p.22) to this research. My training as a psychologist and my personal and professional experiences of relocation will inevitably impact upon participant selection, data collection and analysis.

Research Participants

The sample for this study will be six women who have relocated within the previous two years, from a city or major regional centre, to the small isolated town in which I am currently resident. This town, with a population of approximately 2,800, is located in rugged physical terrain, in the northern part

of Australia, 365 kms. from its nearest neighbour (a town of approximately 7,000) and over 1200 kms. from the nearest capital city. Because of small community size, potential interviewees will be recruited through social interaction and word of mouth.

Design

A collective case study design (Stake, 1994) will be used, that is, a number of cases from the same location will be studied, in order to enquire into the experiences of relocation.

Data Collection

One-to-one, semi-structured interviews, lasting approximately one hour each, will be conducted at a location of the participant's choice. It is expected that this will be in the interviewee's home, but an alternative location will be arranged if requested. My approach to interviewing is guided by Oakley's (1981) feminist model which strives for rapport and includes self-disclosure and respect for the interviewees' view of reality. The initial interview question will be an open-ended, general question regarding the participant's experience of relocation. Specific questions or prompts may be used to explore issues already identified in pilot studies and my own personal and professional experiences. These issues include: the decision-making process; employment opportunities for women; and, the concept of '*a man's town*'. In addition, issues or themes emerging in initial interviews will be explored with later participants.

Data Analysis

After transcription, each individual woman will be given a copy of her transcript and asked for feedback, clarification, editing, or any additional information. Data analysis will draw on Strauss and Corbin's (1990) grounded theory method. This approach uses three major types of coding: i) *open coding*, in which data is broken down, conceptualized and categorized; ii) *axial coding*, which puts the data back together in categories and subcategories; and, iii) *selective coding*, where core categories are identified, validated and refined. While some common themes are expected to emerge, diverse and contradictory experiences will also be explored and reported. Participants will be contacted again after the coding process, for feedback on my conceptualization of the data. Any differences in data interpretation between myself and respondents will be reviewed, and, if not resolved, will be discussed in the final report.

Social Action Follow-up

Feminist research requires not only a contribution to woman-centred knowledge, but the use of that knowledge to change women's lives. Research respondents will be invited to participate in an informal group workshop to discuss and explore identified themes and issues, with a view to developing an ongoing support group for themselves and other newly relocated women. However, this will not constitute part of the final research report.

Limitations

Possible limitations to the proposed study are as follows:

- Design and location of the study restrict generalisability of results
- My professional role in the community may impact upon availability of potential participants and/or quality of data
- My own personal and professional experiences of relocation will impact upon the gathering and analysis of data.

ETHICAL CONSIDERATIONS

A major ethical consideration for the proposed study relates to the issue of a dual relationship between myself as counsellor/researcher and the participants as clients/researched. Thus, no existing or previous client of the counselling service will be approached, or accepted, as a potential participant in the research.

Informed written consent of participants will be obtained prior to interviews. Verbal and written information will be provided to all potential participants, explaining the nature and purpose of the study, research and data-gathering methods and the rights of respondents to withdraw from the research. My role as researcher will be identified as separate from my role as family counsellor in the community.

Should a research interview trigger a need for counselling, I will offer the client counselling sessions at no charge, or alternatively, referral to a visiting mental health social worker.

Each interview will be conducted in a place of the participant's choice, with provision made, as far as possible, for privacy and confidentiality. All tapes and transcripts of interviews will be coded to ensure anonymity of participants and

will be stored in a secure place.

Participants will be given the opportunity to clarify, expand or edit their transcripts and/or to withdraw their consent at any stage prior to preparation of final draft of the report.

BUDGET ESTIMATE

1. Recording Equipment

Tape recorder and microphone to be borrowed from Media Dept., Edith Cowan University	
6 x 90-min. audio cassettes	\$24.00
Batteries	\$20.00

2. Transcription and Printing Costs

(6 interviews x 1 hour x 4)	
24 hours @ \$15 per hour	\$360.00
Printing and binding of thesis (4 copies)	\$100.00

3. Consumables

Paper and Stationery	\$30.00
Computer Discs	\$20.00
Computer Ink Cartridge	\$50.00

4. Photocopying

5. Travel

Air Fare to Perth for Research Seminar	\$400.00
Transport in Perth	\$20.00
Accommodation in Perth	\$40.00

6. Other

Postage - Return library books and recording equipment to Edith Cowan University	\$50.00
Phone calls and Facsimiles	<u>\$30.00</u>

Total: **\$1174.00**

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The status of 'experience' for research
Erica Lewin

THE STATUS OF 'EXPERIENCE' FOR RESEARCH

'Experience' - The Problem

It has recently been suggested that the feminist turn toward postmodernism has left the role of subjective experience unresolved.¹ "Experience", within the 'postmodern' framework, is not considered to be a self-evident or reliable source of knowledge and cannot provide a foundation for other social meanings.² The postmodern recognition of the subjective understanding of one's own personal experience as the object and site of gender ideology has presented a dilemma for feminist theorists.

Scott³ claims that the project of making experience visible precludes analysis of the workings of the dominant system and of its historicity; instead, it reproduces its terms. Grant⁴ states that it is important to avoid basing a theory on women's experiences or Woman's experience, if for no other reason, than that it is impossible to discern those experiences authentically. These claims have urgent implications for the feminist researcher and therefore effects the research I am undertaking.

This research involves the recounting of the personal experiences of Anglo-Indian women. These personal experiences relate to issues of gender, race, culture, ethnicity and hybridity. The research also involves the recounting of a migration experience and the assessment of the effect of a 'multicultural' environment on the identity of Anglo-Indian women. This project commenced with my Honours thesis which I will draw upon to support this paper.

Postmodern Implications

I will now outline the implications of postmodernism for the notion of 'experience', which, I suggest, reflects a mind/body dualism. Within a postmodern framework, and I reiterate, socially constructed experience is seen as problematic as it situates gender ideology within it and is therefore deemed to be reproducing the effects of the ideology which originally produced it. This focus on the constructed nature of 'experience' has resulted in a dismissal, albeit unintentional, of the role of the 'body' which does the

experiencing. The negation of the role of the body in the phenomenon of experience reflects a mind/body dualism in the theoretical development of the concept of experience.

Butler⁵ maintains that the 'critique of the subject' is not a negation or repudiation of the subject, but rather a way of interrogating its construction as a pre-given or foundationalist premise. I appreciate the need to interrogate this construction. However, Butler's thesis suggests that the subject then can only speak or act in a manner which reflects this construction. This subversion of the validity of the subject is not acknowledged by Butler. Instead, her statement suggests that the subject is somehow separate from its constitution. This separation has resulted in an emphasis on the 'construction' of experience and leaves the role of the body in 'experience' unexplored.

Butler interprets Foucault who, she suggests, held that:

... subjects who institute actions are themselves instituted effects of prior actions, and [that] the horizon in which we act is there as a constitutive possibility of our very capacity to act, not merely or exclusively as an exterior field or theater of operations.⁶

The claim that subjects are 'instituted effects of prior actions' limits the constitution of the subject as a passive agent who can only be acted upon and influenced.

Butler also states that no subject is its own point of departure. I maintain that individuals exercise varying degrees of control over this process which allows for agency in the lives of individuals. Within Butler's scenario, research would focus on the ways in which people are constituted rather than on the participants themselves. The discourses and ideologies that 'constitute' the individual would need to be deconstructed and analysed and people would be bypassed. I am not suggesting that this was Butler's proposition. Rather, the situation arises as a result of Butler's thesis.

Butler interprets Foucault as maintaining that the effects of the instrumental action always have the power to proliferate beyond the subject's control; to

challenge the rational transparency of that subject's intentionality, and so to subvert the very definition of the subject itself.⁷ Intentionality is recognised as one aspect of instrumental action. The processual nature of the instrumental action results in the unpredictability of outcomes, but I do not think it necessarily always implies the upturning of the subject's intention. The subject's intention may be subverted, but not necessarily the subject's identity. This condition reveals more about the workings of ideology and paradigm rather than subversion of identity. The illusion of autonomy that the subject experiences reinforces this. The intentions of participants within the research process may be subverted. However, this does not impinge on or subvert their identity.

Disruptions

The postmodern implications I have outlined have an impact on the process of 'experience' at two points. One is at the interface between existing discourses/ideologies and the individual, and the other is in the analysis of experience by the subject and by the researcher. Despite having separated the two for the purposes of this paper, I acknowledge that they can overlap and intertwine. The analysis of experience can commence during the process of 'constitution' of the subject. I will draw on my current research with Anglo-Indian women and my own experience as an Anglo-Indian woman in order to elaborate on and clarify this point.

In addressing the first of these two points, I take issue with Butler's total negation of agency when she states: 'But it is clearly not the case that "I" preside over the positions that have constituted me, shuffling through them instrumentally, casting some aside, incorporating others, although some of my activity may take that form.'⁸ My position as a coloured women, a migrant, a person of hybrid race and culture, a mother and as a member of the workforce are positions that I claim. But, there are some positions that I rail against. I claim 'agency' in dealing with them and resisting them. I presume that other women are reflexive about their lives as well and I incorporate this presumption into my research by expecting a level of reflexivity from the

participants in the research. This reflexivity was evident in the responses of participants when researching my Honours thesis:

In their perceptions of themselves Anglo-Indian women demonstrate a refusal to adhere to the dominance of binary oppositions. They explain their values and lives not in terms of binaries, but as independent agents. They acknowledge their racial hybridity and grasp the opportunity to create their lifestyles. These resist complete identification with the Indian and with the European, and claim their own space and subjectivity.⁹

Individuals can influence their 'constitution' at the point of construction and later through deconstruction.

The experience of racial hybridity and its verbalisation in the case of Anglo-Indian women, does contribute to the deconstruction of the phenomenon of colonialism. For Anglo-Indian women, racial hybridity has resulted in their never having 'belonged' in either their country of origin, and their immigration experience has detracted from their sense of 'belonging' in their adopted country. The experience of Anglo-Indian women opens doors for critical perspectives on and deconstruction of issues of gender, race, ethnicity, culture and hybridity. The verbalisation of women's experience and their perceptions of that experience can be instrumental in the research process.

The constitution of the subject is not a static concept; it is one that is ongoing and constantly being negotiated. As I have already suggested, the constitution of the subject is variable in accordance with the reflexivity of individuals and the taking up of positions reflects this subjectivity. The constitution of the subject is always being negotiated at the interface between existing discourses/ideologies and the individual. The application of this stance to the lives of other Anglo-Indian women provides a valid basis for the expression of their life experience. Merleau-Ponty indicates that we are acted upon, but we are also open to an infinite number of possibilities.¹⁰ Not only does Butler suggest that the individual is totally constituted through discourse and ideology but she also implies that individuals are restricted exclusively to responding as a result of this 'constitution' over which the individual has no

control whatsoever. I make the point in my Honours thesis that Anglo-Indians have, since the early days of colonisation in India, been in the position of choosing and rejecting aspects of both the Indian and the European cultures. This was influenced by many social and economic factors. The immigration experience has allowed for further choice in the lives of Anglo-Indian women within a 'multicultural' framework.

The interface with the human body is the site of tensions; the site of the lived experience of social narratives, paradigms and ideologies. Arguments which reflect a totally oppositional view between essentialism and constructionism¹¹ do not allow for this interface. Discourse and ideology are often discussed as having a life of their own; as if they are created in a vacuum. Suggestions that 'experience' is a purely linguistic event disallows the contribution of everyday life to discourse and provides another focus point for the discussion relating to 'experience'. It is worth noting that Anglo-Indian women prioritise their racial hybridity when discussing their identity, but do not exclude notions of construction in the development of this identity. The gap between essentialism and constructionism is thus obscured.

The second point at which 'postmodernism' impinges on the process of experience is at the point of analysis of experience by the subject and by the researcher. Within the interview situation, experience is not only a verbal representation of events. Articulation involves many complex interactions and processes. It can be preceded by other processes such as vision, thought, emotional and physical feeling. It can also be preceded by the influence of prior experience.

Merleau-Ponty's analysis of sense experience identifies vision as one of the senses which provide access to the world.¹² His theory grounds the location of subjectivity in the physical being. Such a grounding grants greater validity to the notion of 'experience' and the role of participants in research which focuses on their experience. When speaking with Anglo-Indian women, their day-by-day experience is articulated with a measure of trust in their own perceptions of life. This does not always preclude notions of being influenced

by social and economic structures and ideologies. Merleau-Ponty suggests that the role of intellectualism suppresses this location of subjectivity in the physical being through its focus on the concrete act of knowledge. The role of the body in the process of gaining access to the world is not accounted for theoretically and further, it is the concept of knowledge, the intellect and the mind which is emphasised.

The subjective recounting of 'experience' also involves the ability to analyse and critique experience both by the subject and researcher. The role of the body in thought and analysis is generally not acknowledged. Alcoff indicates that 'experience never grounds a systematic political analysis by itself without mediation through discursive interpretation.'¹³ This is also a point of tension for the notion of 'construction' versus 'agency'. Discursive interpretation provides for negotiation between the two.

The limitations of the mind/body dualism is challenged by Raymond Williams' notion of the 'structure of feeling', albeit within the framework of art and literature. It provides a particular way of identifying a culture or a historical period of time. He quotes the following from his own work:

To relate a work of art to any part of that observed totality may, in varying degrees, be useful, but it is a common experience, in analysis, to realize that when one has measured the work against the separable parts, there yet remains some element for which there is no external counterpart. This element, I believe, is what I have named the structure of feeling for a period and it is only realizable through experience of the work of art itself, as a whole.¹⁴

I would like to tentatively apply this idea of 'feeling' which was intended as an analytic procedure for written texts, to the notion of 'experience'. The possession of the 'structure of feeling' by individuals as against its 'very wide possession, in all actual communities'¹⁵ can be applied to communication through 'experience.' Individuals claim a particular experience. Yet there is a general sense in which this experience can be related to a group of

individuals as 'feeling'. I have a 'feeling' that connects me with other Anglo-Indian women and with other collectivities. I am not suggesting a commonality of experience, but an intangibility and an inability to verbalise this 'feeling.' This allows the possibility of a partnership between the intangible 'feeling' and the more tangible 'structure' which provides some sense of cohesion about groups. This partnership lies in the recognition that 'feeling' is partially dependent upon discourses, social narratives, paradigms and ideologies, and also to the ways in which women respond to them. This interdependency incorporates notions of the construction of experience and the individual's access to experience through the body, through this 'feeling'. Such a scenario allows for the validity of experience and is particularly relevant in the area of qualitative research which involves the perceptions of research participants. It provides for links between the notion of the construction of the subject and the concept of agency in the lives of individuals.

The subjective process whereby discourses, social narratives, paradigms and ideologies intersect with the human body incorporates variation over time for individuals. It does not dictate a commonality of knowledge and experience, and it certainly is not static. So, the women who are participants in the research process may not necessarily demonstrate a set of values or beliefs that allow for group identification. However, as a researcher, I identify these individuals in a particular way as a result of, perhaps, 'a structure of feeling'.

Conclusion

It is of concern that the postmodern devaluation of the relevance of experience results in a greater level of power for the researcher as against the researched. The role of research participants is deemed to be defective since it only serves to generate the ideology which created it in the first place. Authority and power then lies with the researcher and the participants can not contribute to the research process. If the subjective understanding of one's own personal experience as the object and site of gender ideology is accepted, the processes for understanding how this happens becomes more within the grasp of the researcher than participants.

The philosophical basis of this paper is concerned with the possibility of bridging the gulf between mind and body; between theory and experience. It has highlighted the ways in which the notion of 'experience' has been subjected to a process of dichotomisation so that experience is seen as grounding theory or theory is seen as explaining experience.¹⁶ I have suggested that there is cause for consideration of the body as having access to the world and to knowledge. The construction of this knowledge does not, in my view, eliminate agency from the grasp of the individual. If it did I would not interview research participants and I would need to question my own experience of life which has initiated this research.

In conclusion, I quote Scheman¹⁷ who concludes that '[P]ostmodernity is best seen not as a philosophical position or methodology.' This is further reinforced when trying to assess the possibilities of mobilisation which are produced on the basis of existing configurations of discourse and power.¹⁸ How can we presume that the deconstructive enterprise envisioned through a 'postmodern' framework is immune from these same configurations of discourse and power? The link between feminist theory and politics has derived from the experience of women, and all that entails. Highlighting experience does not only serve to make experience visible, which is itself of value. It allows for an exploration of discourses and ideologies which inform and contribute to the development of the subject, feminist theory and political practice, and facilitates political mobilisation.

NOTES

I am grateful for the work of Linda Martin Alcoff, whose recent article 'The Politics of Postmodern Feminism' provided the discursive basis for this paper.

1. Linda Martin Alcoff, 'The Politics of Postmodern Feminism, Revisited' Cultural Critique, no. 36, 1997, p. 11.
2. Satya P Mohanty, 'The Epistemic Status of Cultural Identity: On Beloved and the Postcolonial Condition' Cultural Critique, no. 24, 1993, p. 43.
3. Judith Butler and Joan W Scott, Feminists Theorize the Political (Routledge) New York & London, 1992, p. 25.

4. Judith Grant, Fundamental Feminism: Contesting the Core Concepts of Feminist Theory (Routledge) New York & London, 1993, p. 160.
5. Butler & Scott, Feminists Theorize, p. 9.
6. Butler and Scott, Feminists Theorize, p. 10.
7. Butler and Scott, Feminists Theorize, p. 10.
8. Butler and Scott, Feminists Theorize, p. 9.
9. Erica Lewin, Anglo-Indian Women and Identity Issues Unpublished Honours dissertation, Murdoch University, Perth, 1996, p. 83.
10. Maurice Merleau-Ponty, Phenomenology of Perception (Routledge & Kegan Paul) London, 1962, p. 453.
11. Mohanty, The Epistemic Status, p. 71.
12. Maurice Merleau-Ponty, Phenomenology of Perception, p. 217.
13. Alcoff, The Politics of Postmodernism, p. 18.
14. Raymond Williams, Politics and Letters: Interviews with New Left Review (NLB) London, 1979, p. 159.
15. Raymond Williams, The Long Revolution (Chatto & Windus) London, 1961, p. 48.
16. Alcoff, The Politics of Postmodernism, p. 15.
17. Naomi Scheman, Engenderings: Constructions of Knowledge, Authority, and Privilege, (Routledge) London & New York, 1993, p. 247.
18. Alcoff, The Politics of Postmodernism, p. 13.

From small beginnings come great achievements
Gail RossWhite

My name is Gail RossWhite, I am a second year student of Women's Studies, my minor is in Training and Development, and my intention is to use my degree in women's education.

My Paper is Titled

"FROM SMALL BEGINNINGS COME GREAT ACHIEVEMENTS"

This paper will not astound or be a literary masterpiece, what it will convey is the energy, caring, warmth and respect that women gain from attending a Community Neighbourhood or Learning Centre.

What I intend to bring to you the audience is an understanding of Learning Centres, and how they help women to become autonomous, and how we students and members of the community are able to help ourselves and others.

For my practicum I have had the marvellous opportunity and experience of working with Learning Centre Link. I was to interview, collect, type and collate stories for a 32 page A5 publication named "Pathways". The book is to be launched at Neighbourhood House Week in May. It tells the stories of the people who have attended a Centre, what they have gained and how it has helped them. This turned out to be the most wonderful experience for me. I have had the opportunity to speak to many women who have the most extraordinary stories to share.

From my interviews I am astounded and in awe of the women who run these Centres and of the women who were once participants and are now tutors, committee members, coordinators and community leaders. I am impressed by their personal growth and in turn what they have given to the community.

It is important to know the philosophy of Learning Centre Link and the Neighbourhood and Learning Centres. LINK is the Association for Community, Neighbourhood and Learning Centres in Western Australia. It was established in 1982. Learning Centre Link Education Policy Values are *"We believe that learning is a life-long activity, and a life-affirming one. We believe that learning occurs most successfully in learning environments, which offer quality affordable childcare and which are non-hierarchical, self managed, flexible, responsive, affordable, and accessible. We believe that learning is about sharing skills, personal development and self-determination."*

So what are the Centres? Opening Doors. Vivieen Ducie, 1994 describes them thus: *"They offer a supportive atmosphere where self realisation and skills development can take place and so serve as a crucial stepping stone from home to the wider community for many Members. They also offer participants new options, a wide variety of roles and a range of skills, knowledge and personal development opportunities. The unique combination of skills development opportunities, social activities, affordability and availability of child care, all within the participants' local community, leads to improved community networks and enhanced job and training opportunities."*

Educational and self development courses are varied for both adults and children they include: personal development, arts and crafts, social development and the learning and sharing of skills, Introduction to Women's Studies, Effective Parenting, Assertiveness Training, Going Green, Politics, Car Maintenance Languages and traditional Crafts and many, many more. One Centre runs 73 courses!

Some Centres also have youth groups, play groups and after school care.

The gender participation rate at Centres is approximately 91% women and 9% men. As today's topic is on women's lives, I will now only refer to the women members of the Centres.

Who are these women who attend Centres? They are women who have a young family, they are women who have no extended family, they are sole parents, they are women who are aged and lonely, they are women who need stimulation and friendship.

A significant component of my paper are excerpts from some of the stories that have been collected. Embodied in these are answers to the question "What have the Centres done for these women?"

Peta explained The Centre Will Always Be Part Of Me

"I was at home and very depressed, honestly I would have cracked if I hadn't got out. Thank heavens for the Centre and the courses I took and the people I met. It's because of my work here I decided to go back to school. Presently I am studying Human Services at TAFE, once the course is completed I intend going on to University.

My life changed after I did the Teaching and Learning Package; through Learning Centre Link. From there I did other courses, this put me in the study mode.

Now I am able to help the young students, as a mentor, for five or six kids. I had one guy that went from almost being illiterate to being quite good at English, he just needed help and someone to care.

Its wonderful to see, these people gradually get confidence, and inturn they are prepared to share and give back their time.

Everything I have learnt at the Centre, I have been able to give back many times over. The Centre will always be a part of me, but for me its time to move on and pass on these skills to someone else."

Sheron said It's All About Learning

"This is such a happy place I love coming and being here. People become such good friends. I'm not sure what would of become have me if it wasn't for the Centre. The Centre being available means many people are helped in so many ways. There is much work in running this place, its great to know I'm helping. It's nice to receive compliments Sometimes it's hard to take them but on the inside I fell wow! This is great. I'm now thinking about the future and work, maybe Nursing, I never had the confidence before, that's changed now. I realise my life is my own, I look forward to the future. I have control of my life."

Edith tells us The Centre gives Me Support

"I came from England, I was very lonely, as I had no friends or family here. In desperation I came to a class at the centre, I enjoyed it and the friendship so I did more classes. I was asked to be Secretary of the Committee, I had done secretarial work in the UK but I lacked confidence. I gave it a shot and I am still at it. My life is quite full now, I have regained skills that will take me back into the work force."

As the Centres are self-funded, members of the community are encouraged to help in the organisation, management and use of their Centre. Most tutors are local volunteers. Many have previously been participants.

"During census week 1,803 hours of unpaid work encompassing a diversity of tasks were done in centres in WA. Applying rates of pay to the work undertaken indicates that this is equivalent to a financial contribution of \$37,829 a week or \$1.5 million per year to the WA economy." Annual Report 1996/97

The centres have given further opportunities to these two women who were once participant and the coordinators of Centres. They too gave their time freely to help improve other peoples lives. This is part of their stories. Wendy remembers " I went from pottery class to committee member to coordinator. I had never applied for government funding before, I felt thrown in at the deep end and had to quickly learn many new skills. In the months to follow I had learned valuable skills in researching, lobbying the government departments and politicians, changing constitutions and applying for funding. More new skills were gained: policy setting, financial management, employing staff and [dealing with] industrial issues. I might add though, I learned slowly and the hard way, by experience. I have since gone on to do a degree in Psychology. Without the confidence and experiences I gained through work on the committee and staff at the Centre, this would have been unlikely to happen. Prior to my involvement, I lacked confidence and never really believed my efforts could accomplish much."

Linda is grateful for the centre she calls it Neighbourhood Centre - Life Changer

"I sometimes wonder what I would be doing today if I had not gone to Tom Price, if I had not gone to playgroup at Nintirri, if I had not become involved in the running of the Centre, if I had not taken the job of Centre Coordinator when it was offered. I have an idea that my life would be different and a lot less interesting.

I became aware of issues, which had considerable impact upon the families in the community: geographic isolation, lack of extended family, male dominated single industry mining community, lack of support services, young population, transient population and so on. All these measures of disadvantage I would come to use time and time again in successful submissions for funding to develop services for the community.

I have gained great personal and professional satisfaction through my involvement with Neighbourhood Centres. I have facilitated workshops and presented papers at conferences, assisted other people to recognise and develop their own potential and I am proud to have to be a part of a national movement, which aims to empower individuals and strengthen communities."

These are only four extracts of stories, there are 79 Centres so there are many, many more stories similar to these where women have grown with their work in the community.

The ECU Handbook on Undergraduate Applied Women's Studies tells us the course *"aims to provide the skills, knowledge and understanding necessary to enable future professionals to work effectively with women in the community and in human service settings."*

There is a wonderful opportunity available for people to expand their knowledge in a learning environment by giving a small amount of time to their local Community Centre. It could be in childcare, youth work, work with the disabled or tutoring. We can help ourselves gain applied knowledge in a Community Centre, by *helping these women to continue to facilitate personal, social, organisational and political change, which will create gender equity for women in society.*

It is apparent women learning at the grass roots level, gaining self-esteem and knowledge pass on to their family, and particularly to their children both male and female an awareness of society and what it takes to make change. Often in families where women come home with increasing self-esteem, it shows the children that power relationships between the mother and father can indeed be changed, so that the mother is no longer disadvantaged. It's a shift from below, where information is taken from the private arena to the community and back, by putting learning and caring back into the home. These wonderful women are sometimes knowingly or sometimes unwittingly enacting the grass roots practices of feminism.

I leave you with this thought, my paper is titled "From Small Beginnings Come Great Achievements." These vast achievements by extraordinary women will continue. We can be part of it by helping to spread the word that Community, Neighbourhood and Learning Centres are out there and have much to give. Let's get to it!

The mystery of the female orgasm
Ginger Schweikert

The Mystery of the Female Orgasm

Presented by Ginger Schweikert

In the past, women's sexuality has been presented as a taboo subject to discuss, and as a result, female sexuality was thought to be a 'mystery' (Choi, 1994, p. ix). The sexuality of women is now becoming less taboo as a greater understanding of it is unveiled. One aspect of female sexuality is the experience of the orgasm. The female orgasm is probably the most mysterious part of our sexuality. There are many theorists who attempt to explain this phenomenon (Masters, 1995; Katchadourian, 1989; and Fisher, 1973), and recently much research has gone toward making the subject less of a mystery (Baker, 1993; Greenberg, 1992; Furlow, 1996; and Cordoso, 1997). In order to gain a grasp on the female orgasm and its controversies, I will describe the sexual response cycle, theories about the definition and purpose of female orgasms, personal issues of orgasmic experiences, and orgasmic difficulties. Hopefully then the female orgasm will become less of a mystery.

The sexual response cycle includes Excitement and Plateau, which lead to Orgasm, and then Resolution (Masters, 1995, p. 74). In brief, the Excitation phase begins with physical or psychological stimulation. This stimulation causes increasing levels of muscle tension, called myotonia, and of vasocongestion, increased blood concentration to certain areas of the body (Masters, 1995, p. 75). The Excitement phase is continuous with the Plateau phase where sexual tension grows without any other major changes (Katchadourian, 1989, p. 63). Following the Plateau phase is Orgasm, or climax, this is the shortest part of the sexual response cycle, which is characterised as the total body release of accumulated sexual tension (Greenburg, 1992, p. 127). From Orgasm, it is usual to go into the Resolution phase. Resolution is the last phase of the cycle in which the body returns to an unaroused state (Greenburg, 1992, p. 117). The typical cycle follows this order, but there are variations in sexual responses.

In women, there are three variations to the sexual response cycle, the typical single or multiple orgasm, *status orgasmus*, and the rapid cycle. The typical cycle follows the excitement, plateau, orgasm, and resolution phases. Women are capable of having multiple orgasms without the resolution phase occurring (Katchadourian, 1989, p. 350). It is also possible for women to achieve *status orgasmus*. *Status orgasmus* refers to an intensive, prolonged orgasmic experience where a single "orgasmic episode is superimposed on the plateau phase or a series of orgasms follow each other without discernible plateau-phase intervals" (Katchadourian,

1989, p. 62). The last form of sexual response cycle possible for women is the rapid cycle. This cycle is a more abrupt orgasmic response that occurs after an escalating Excitation phase without a true Plateau phase in the cycle (Masters, 1995, p. 74). These three types of sexual response cycle are the different avenues in which women can follow to achieve orgasm. It goes without saying that the cycle can occur without orgasm and also be pleasurable, but since orgasm is the issue of this paper, I will continue to discuss it.

To gain a more definitive view of the actual process of the Orgasm, it needs to be further developed. As said earlier, physiologically, an orgasm is a total body release of accumulated sexual tension (Greenburg, 1992, p. 127). Orgasm is preceded with the increase in size and elevation of the uterus, the lengthening, expanding, and lubricating of the vaginal walls, vasocongestion of the orgasmic platform (the outer third of the vagina), and the clitoris retracting under the clitoral hood (Greenburg, 1992, p. 127). Orgasm in women begins with a feeling of "momentary suspension", then there are pleasurable sensations as tension in the clitoris peaks and spreads through the vagina and pelvis (Katchadourian, 1989, p. 69). It is then described by simultaneous and rhythmic contractions of the uterus, the orgasmic platform, and the anal sphincter (Masters, 1995, p. 81). These contractions are close together and intense at first, approximately 0.8-second intervals, then they diminish as the orgasm continues (Masters, 1995, p. 81). Physiologically, the more contractions that occur will create a more intense orgasm. The length of an orgasm depends on how many muscular contractions occur, and because the amount of contractions varies from three to fifteen or so, the length of an orgasm also varies.

There are other physiological reactions that vary among orgasms. The pelvic muscles are not the only muscles to contract during orgasm. In fact, women's facial muscles often contort along with muscle 'spasms' in the back, legs, feet, arms, and buttocks (Greenburg, 1992, p. 118). Women often experience hyperventilation, such as respiratory rates as high as forty breaths per minute (Greenburg, 1992, p. 118). Breathing may also be deep, heavy, and highly irregular (Katchadourian, 1989, p. 74). Tachycardia occurs during the Orgasm phase, such that heart rates can rise above 180 beats per minute (Greenburg, 1992, p. 118). Blood Pressure may also elevate during orgasm (Greenburg, 1992, p. 118). Another reaction that may occur is sex flush. Sex flush is a reddening, rash-like reaction of areas of skin, usually occurring on the chest and abdomen then spreading to the neck, buttocks, back, arms, legs, and face (Masters, 1995, p. 80). All of these reactions are quite normal, and they all vary in intensity according to the intensity of the orgasm. Psychologically there are also variations in the

interpretations of orgasmic intensity, but in general most orgasms are described to give intense pleasure that lasts beyond the orgasm itself (Katchadourian, 1989, p. 69). Another reminder of variance is that "Orgasms vary from person to person and from orgasm to orgasm within the same person" (Greenburg, 1992, p. 118). This is why it is difficult to describe an orgasm, and quite possibly why the female orgasm was thought to be a mystery for so long.

In attempt to describe the female orgasm, there were several theorists that devised theories of this 'mystery.' Beginning in the early 1900's with the well-known Sigmund Freud, he once again had an interesting view about sexuality and orgasm in the female. Freud believed that there were vaginal and clitoral orgasms, the latter of which were a psychologically immature form (Masters, 1995, p. 84). He described vaginal orgasms to be those in which were achieved via coitus, whereas clitoral orgasms were from direct clitoral stimulation usually through masturbation (Katchadourian, 1989, p. 70). Freud proposed that clitoral orgasms were immature because they were expressions of a stunted penis (Greenburg, 1992, p. 130), which reinforced his idea of "penis envy" (Fisher, 1973b, p. 31). Ernest Grafenberg postulated another theory of female orgasms, this is commonly known as the G-spot. Grafenberg explained that there was an area that became enlarged during the Excitement phase and that protruded into the vaginal canal (Katchadourian, 1989, p. 67). This area is deep in the tissue of the anterior wall of the vagina between the cervix and the pubic bone, and Grafenberg believed that when pressure was exerted on this G-spot, it was possible for women to experience intense orgasms (Greenburg, 1992, p. 96). Helen Singer Kaplan, a sexual therapist, agreed with Grafenberg on the G-spot, but she also felt there were many other excitatory areas within the vagina (Greenburg, 1992, p. 96). In further analysis of the female orgasm, Singer and Singer reported that there were three distinct types of orgasms (Katchadourian, 1989, p. 70). They described the *vulval orgasm* to include contractions of the orgasmic platform, the *uterine orgasm* which occurred in the presence of vaginal penetration, and the blended orgasm as a combination of the previous two (Katchadourian, 1989, p. 70). Ladas, Whipple and Perry propose that there is a "continuum of orgasmic response" with clitoral orgasms on one end and vaginal/uterine orgasms on the other end (Katchadourian, 1989, p. 70). In contrast to the previous views, William H. Masters and Virginia E. Johnson, some of the leading researchers on sexuality, have found evidence that there is only one type of orgasm regardless of the area of stimulation (Greenburg, 1992, p. 130). While all these theorists and researchers attempt to explain the "how's" of the female orgasm, there have been only a few people to dabble with the idea of "why" there is a female orgasm.

There have been theorists from varying disciplines that have attempted to tackle the even more mysterious question of “why” there is a female orgasm. Stephen Jay Gould has the most basic idea for the reason of the female orgasm. He believes that it probably does not even have a function and that the clitoris and its orgasm are just anatomical remains from embryonic penis development (Furlow, 1996, p. 43). He related this “left-over” idea to male nipples, but in my opinion, it is a very Freudian theory in its nature. Darwinian theorists have another idea about the purpose of a female orgasm. They propose that the female orgasm helps the woman passively retain sperm by keeping her lying down after sex (Cardoso, 1997). Other theorists postulate that the female orgasm evolved to create intimacy and trust between mates, which fosters stronger pair bonds (Furlow, 1996, p. 42). Recently Evolutionary Psychologists have explored the reasoning of the female orgasm and have found it to be an important physiological adaptation. They have found that the muscular contractions associated with orgasms can actually pull sperm from the vagina to the cervix where it is in a better position to be fertilised (Cardoso, 1997). It has been found that in comparison to nonorgasmic intercourse, there are significantly more amounts of sperm retained when the woman orgasms between one minute before to forty-five minutes after her partner ejaculates in her (Baker, 1993, p. 887). This new research shows that not only is the female orgasm a pleasurable experience, but it is also a purposeful event.

There are many personal issues that are correlated with the event and experience of an orgasm because the “sexual experience is interpreted by the mind as well as the body” (Greenburg, 1992, p. 128). To ignore this interaction between the psychology and physiology does female sexuality injustice. Considering how ‘orgasmic’ a female is, there are a few factors that have a positive correlation. Women in upper socio-economic classes report more consistently achieving orgasm (Fisher, 1973b, p.38). Also, well-educated women have more orgasmic ability than the less-educated women (Fisher, 1973b, p. 45). Age, however, is not necessarily correlated to orgasmic ability because women of all ages can experience orgasm (Fisher, 1973a, p. 25). Along with age are hormonal factors, which again show little relationship to how ‘orgasmic’ a female is (Fisher, 1973b, p. 43). There are other surprising findings about what is and what is not correlated with the female orgasm. The degree of attachment to the partner has always been thought to be highly responsible for an orgasmic experience. This, however, is not so because it has been discovered that women’s romantic attachment to their partner does not increase the frequency of orgasm (Furlow, 1996, p. 45). The degree of sexual experience and the use of contraception have also been found to have little relationship with the

female orgasm (Furlow, 1996, p. 45). One interesting finding is the positive correlation between male symmetry, or a physically symmetrical male partner, and a high frequency of female orgasm during copulation (Furlow, 1996, p. 45). There are many other psychological factors that may be attributed to the experience of orgasm, but those aspects vary from person to person just as the orgasmic experience itself.

One person may be highly orgasmic whereas unfortunately, another may have difficulty achieving an orgasm. Over one-third of women attain orgasm consistently, whereas the rest are more irregular or not at all (Fisher, 1973a, p. 201). Orgasmic difficulty, or anorgasmia, is characterised by women having "recurrent delay in, or absence of, orgasm following a normal sexual excitement phase" (DSM-IV, 1994). There are different programs and theories about overcoming anorgasmia, and their success seems to depend upon the individual. The Kegal exercises are one of the most popular methods to overcome orgasmic difficulties and to increase already existent orgasmic ability (Katchadourian, 1989, p. 436). These exercises were devised by the gynaecologist Arnold Kegal in the 1950's to help build tone in the pubococcygeal muscles by training women to squeeze then relax these muscles (Katchadourian, 1989, p. 437). There has been conflicting evidence about the correlation between vaginal muscle tone and orgasmic capability. Some studies show that there is little relationship between these two factors, whereas other studies suggest that the Kegal exercises are effective at enhancing sexual arousal (Katchadourian, 1989, p. 437). This information shows how there can be high variability in the treatment of orgasmic disorders and how, again, there is diversity in the female orgasm itself.

Since it is now known that it is normal for the female orgasm to have such variance among people and situations, I hope it is less of a mystery. There have been many to research the subject, and many different ideas have been concluded. From my research, I will conclude to describe the female orgasm as a potentially useful adaptation to the female physiology in mate selection and as an extremely pleasant climax to the sexual response cycle. Orgasm is not a necessary part of the female sexuality, but, nevertheless, it is a highly complementary part of it. In the past we have allowed the female orgasm to remain a mystery to ourselves, our partners, and our societies. I hope that with this knowledge the female orgasm and female sexuality in general will become less of a threatening mystery and more of a normal function of life.

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The suppression of female sexuality
Anita Taylor

THE SUPPRESSION OF FEMALE SEXUALITY

In this paper I intend to argue that the suppression of female sexuality has been the ultimate exercise of power by a patriarchal society. Ever since the overthrow of the Goddess Culture, men have striven to provide as much evidence in support of their claim to superiority as their pens could write. The burning of the witches saw the emergence of male dominance in the medical profession with gynaecologists, the acknowledged experts in women's health, being overwhelmingly male. Attitudes within the medical profession and the ideological construct of the family further define a woman's sexuality as having no other functions than to satisfy her male partner.

The Christian religion offers a contrasting view of women. On the one hand we have Eve who through her sin brought about the downfall of Adam. On the other hand we have Mary who remained innocent and pure but was the mother of Jesus. Mary became the model for the unattainable ideal of the perfect lady. A good mother but still virginal.

Even though Jesus did not discriminate against women, the Christian Church does not appear to embrace the ideals of the man it professes to follow. Women have fought to be allowed a place in the Church but there has been much opposition to the ordination of women. For centuries the Christian Church has taught that females are less holy and that it is the place of men to control their womenfolk. As argued by Lane-Richardson, (1992), women were seen to have been created to serve men's sensual pleasure, bear his children and to serve his will.

I would argue that the Holy Bible has been translated and re-written many times. These translations would most likely have been written by men for men have been the scholars until very recent times. This has given men the opportunity to interpret writings in their own terms, serving men's needs and substantiating the suppression of women. Women are portrayed as evil temptresses who led men into sin. As claimed by Gittins, (1993), the myth of the immaculate conception...accords to God all credit for the miracle of conception, and to God-as-man the chance of all redemption. Women must attempt to emulate Mary who remained pure and virginal yet bore the son of God. Women must therefore deny their sexuality by remaining passive but must not deny their husbands their own sexual needs. The role of mother is emphasised by these attitudes. Gittins further stated that these visions of women influence the attitude towards rape and women's sexual behaviour generally. Imagine the implications of agreeing to love honour and obey! An example is that until 1990, British men could not be charged with raping their wives, (Maynard, 1993, p.99), as continued consent to sexual intercourse was assumed from the time the marriage vows were made.

Religion has been used as an excuse to rape and abuse women in the past and sadly this still occurs in the present time. In Algiers, Holy men have the right to sexual pleasure with any woman, (Bhatia, 1996), and rape is seen as a legitimate

form of punishment. Women would receive severe punishment for attempting to gain an education for women in Algiers were feared as leaders of change I would argue that sexual abuse and assault are extensions of the attitude that women are 'naturally' dominated by men. Whilst sex acts are used against women as forms of punishment or domination women will be reluctant to engage willingly in sexual activity. They will be unlikely to experience sexual pleasure under these circumstances and I would argue that women are more likely to suppress any desires themselves.

What kind of men sexually assault women? Are the adults who molest children sick? How can we tell if a man is a potential danger to his child and will commit incest? I would argue that it is not possible to know from looking at a man to judge his potential to commit these crimes nor is there some insidious disease lurking somewhere within him awaiting diagnosis and a cure. Driver, (1989), argued that research fails to disclose fundamental differences between the make-up of ordinary men and those that molest children. Some view this abuse as an extension of normal male sexuality using the argument that men find it difficult to control their sexual urges. Gittins, (1993), argues that such a biological determinist account of male sexuality lies behind arguments frequently made that child sexual abuse is really the mother's fault - for not adequately meeting her husband's needs. If we note that appropriate sex partners for men are often considered to be women younger and smaller than themselves and as argued by Driver, (1989), sexual prowess by males is an important part of their traditional image of conquest and domination, we might also note that this is easier with children than adult women. If we read the personal columns of newspapers we will find advertisements offering the services of prostitutes which depict the young age and innocence of the advertiser. There seems to be a demand for services by prostitutes involving violence and as stated by Bingley, (1992), there is a necessity for rooms where prostitutes entertain clients who enjoy violence to be fitted with intercom systems in case of emergency. It is a pity that even though there are services offered for men who enjoy this type of activity that abuse and assault still occur at an alarming rate in many households. The Sexual Assault Referral Centre reported that in 1992-3 there were 2259 cases of sexual abuse which were reported to The Department of Community Development with girls comprising 74% of victims.

The denial of women's sexual needs has been further influenced by the medical profession. Novak et al cited in Scully & Bart, (1972, p.1045) argued that at the time of their study, gynaecologists were overwhelmingly male. Available textbooks revealed a persistent bias towards the needs of the patient's husband rather than the woman herself, for example, women were often advised to pace sexual activity towards their husbands needs and to fake orgasm if necessary. Women were assumed to be frigid, (Cooke cited in Scully & Bart 1972, p.1046), with the urge for motherhood being the only force to influence sexual relationships. I would argue that when Freud declared that women who rely upon the clitoris as a means of achieving orgasm were immature, (Lott, 1994, p.113), and that mature women learn to adapt to vaginal orgasm he condemned women to a lifetime of frustration. Portions of the vagina have no nerve endings and lack sensation. Those women

who used masturbation as a source of sexual pleasure would probably feel guilty and shameful for indulging in an immature activity. I would further argue that if women do not have ready access to doctors with whom they can feel comfortable and safe enough to discuss intimate problems then not only will they not have access to accurate information but symptoms of disease may go undiagnosed. Medical research has viewed masculinity as the norm, (Bordo in Pritchard Hughes, 1997 p.116), as females have traditionally been excluded from research due to their cyclical nature. Not only does this attitude have implications for women's health generally but women's sexuality cannot be understood fully if only the male perspective is recorded.

Although there have been studies into female sexuality, for example Masters & Johnson (1966), I would argue that males are still viewed as sexual predators and females as sexual prey. Popular romance novels portray women as being *taken* by the man, (Godwin in Lott, 1994), and women make a gift of their virginity to the man to whom they will belong. Other controls of female sexuality occur in the use of everyday language. There is a double standard in that which is acceptable for a male is often deemed unacceptable for a female. If a male has much sexual experience then he may be referred to as a stud and may well receive a pat on the back as he 'chalks up his conquests'. If a female admits to much sexual experience then she is likely to be labelled a whore, tart, prostitute, or nymphomaniac to name but a few of the many variables.

I would argue that traditional sex education has played a major role in the suppression of female sexuality. Jackson, (1992, p.132), stated that in the teaching of sexual knowledge, high values are placed on reproductive and masculine perspectives in which females play a subordinate role. General education plays a part in instilling the passive subordinate role of females. Books offered to children in school often portray women in their reproductive, child-rearing capacity. Women are portrayed in passive roles, (Spender, 1992, p26), unlike men who are engaged in occupations involving the 'real' world. The subliminal messages in books such as these carry the ideological myth of women as passive and less worthy than men even further. This teaching starts very early in a child's life with the telling of fairy stories where quite often a beautiful but frail princess is saved by a daring, strong prince who rescues her from some powerful foe. His reward is usually in the form of the King offering his rescued daughter's hand in marriage. She becomes his prize.

The fact that sexual knowledge is kept from children in order to preserve their innocence, (Jackson, 1992, p.132), and that more adequate housing allows the ability to maintain privacy means that children do not receive information by observance. The result may lead to negative responses to what ultimately becomes a taboo subject within most families. Jackson further argues that girls are subjected to these taboos to a greater extent than boys and are taught feminine conventions of modesty before they can fully understand the implications. The protective attitude towards girls has been traditional.

Contents of interviews with young women are detailed in Jackson,(1992, p.134), and the common theme which re-occurred was that girls were taught that sex was dirty, not to allow boys to touch them for if they did then they would 'get a bad name'. The existence of sexual relations was taught in a reproductive context, 'where babies came from'. If sexual knowledge is taught only in the context of reproduction, how will girls learn that not only can their bodies give them sexual pleasure but that this does not make them dirty. If girls are taught that anything sexual which does not include a deliberate attempt at producing a baby is wrongful then the inhibitions, shame and guilt they may experience could cause anxiety, depression and feelings of worthlessness if they enter into relationships. These interviews were conducted in the early 1970's but I would argue that society still hinders the sexuality of females using the same reasoning for even though attitudes may change, we are all affected by the attitudes of our parents and grandparents.

Sex education in its traditional form further perpetuates the idea that male sexuality is not only acceptable but necessary from a reproductive point of view. Females may remain passive without compromising their capacity to reproduce. Language used to describe male sexuality suggests dominance, for example, a male penis will penetrate the female vagina, (Jackson,1992, p.143), portraying the female body as a passive receptacle. Masturbation in boys is readily referred to in biological terms, releasing the build-up of excess sperm whilst female masturbation only serves to give pleasure. The clitoris does not have a function in regard to the ability to reproduce but I would argue that if girls are made to feel guilty if they explore and enjoy their own bodies, this brings into question who really owns their bodies? The framework of sexuality being linked to reproduction without discussing sexual pleasure not only serves to ignore the capacity for females to experience pleasure through sexual activity, it further instils heterosexual partnerships as the only acceptable form. In particular, I would argue that by denying the ability for females to enjoy sexual pleasure without penetration is a conspiracy to keep females under the control of a male partner.

Contrary to the popular myth that males have uncontrollable sexual urges which females must learn to accommodate, it is a fact that females are the ones with an organ, the clitoris, which serves only to give sexual pleasure. The clitoris, unlike the penis, is not necessary for reproduction. Females have the capacity to be multi-orgasmic, (Lott, 1994, p.113), and this ability is maintained throughout most of the lifespan. Ancient Hebrews had female sexual satisfaction provided for in the marriage contract, whereas men have since taken steps to suppress women's sexual desires, (Serfey in Lott, p.114), in an attempt to ensure stable family life. By suppressing female sexuality, males maintain their dominant status over women.

Until sexuality is accepted as a valid component of women and education is improved for everyone then unrealistic and unfair restrictions will continue to be imposed. Women should feel able to express their sexuality without being subjected to the double standards of sex being acceptable for males but not for females. Women are individuals who have the right to normal healthy sexual

appetites without necessarily being one half of a heterosexual couple. Double standards and put-downs play a part in the lowering of self esteem. Not being taken seriously or being valued as vital human beings may lead to depression or anxiety. Symptoms of real illness may be dangerously ignored or overlooked in women who may feel a sense of shame when consulting doctors regarding their sex organs.

Annita Taylor

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Menopause, memory and desire
Rosemary Whittaker

ROSEMARY WHITTAKER

WOMEN'S HEALTH: WOMEN'S LIVES

MENOPAUSE, MEMORY AND DESIRE

The following is an account of my presentation at the conference. I did not present a paper, instead I spoke of the material I had been gathering in the course of my research, and how I am using this information to write life into women's lives. The story I told was conducted mostly through the use of visual imagery and poetry readings.

I began by outlining the nature of my study, which is primarily directed towards understanding how the contemporary cultural meanings of self, sexuality, identity and femininity inform women's knowledge of their bodies during menopause. I am in my final year as a doctoral candidate, and my study is centred around conversations with twelve women artists who describe how they experienced a sense of their changing subjectivity during menopause. The women were aware that they were taking part in a participatory process that would contribute to other women naming and giving voice to their real experience. By sharing their stories they were conscious that their involvement would expand the knowledge about women and women's bodies.

As a result of this personal interaction, not only did they describe and reflect upon their flesh and muted parts of their anatomy through visual imagery, they also offered poetry, shared their personal journals and diaries, creatively re-invented short stories and wrote long letters about how their experiences impacted on their female sense of the body. Together we explored how they experienced the absence of blood, and how this disruption to their cyclical and fertile bodies impacted on the ways in which they then used their bodies to express their creativity and sense of female self. In my critical analysis of this material I address how art practices can mediate the spaces between the social construction of the body, its representation in contemporary culture and the discourses of the health sciences. In addition, I examine the way in which visual art and visual imagery can play an important role in understanding the serious of dualisms and specific bio-social attitudes, which have informed women's epistemological assumptions of themselves and their worlds, and therefore the knowledge of their female bodies during the transformative processes of menopause.

I then went on to explain that the material I had gathered contained three distinct languages: the public voice present in the interviews, the private voice of their journal writing, and the voice of the artist who reflexively draws on conscious and unconscious memory. Finding an imaginative and creative way to present these multidimensional voices has resulted in a collage of texts which take the form of visual images, poetising accounts, anecdotes and short stories.

The following is a poetic portrayal of the nature of my research project, as well as a brief glimpse into the life of one of my participant's experiences of menopause. In this instance I have re-written part of the transcript as a short story, included two of her images and three of her poems to demonstrate the different forms of language used to express her lived reality.

NO CLEAR DESTINATION

Sounds within silence
Whisper and echo

Between words –

Forms
Lines
Colours
Shapes

That

Delicately trace the milestones
Back through women's deep rememberings

Silent voices –

Unarticulated questions and
Unspoken desires –

Ask something more
Than this illusion of reality can provide

Their longing

For a knowing
For a freeing of self
For their truth

Reaches out beyond their bodies and

Expands
Circulates
Connects

- with the energy of the universe
- through each other
- down into the sign-world of the psyche

Their longing

Feels the symbols

Their bodies

Interrogate memories
First in images, and now
In words

For ways to restore
And reclaim connection
On a journey
With No Clear Destination

They search for clues

To name and interpret
 The mysteries
 Of this person they
 have come to know as Self

Reflecting on their imaginary re-visions

That lie between the lines
 and in the margins
 and sometimes off the page

I ponder
 Do we carry in our psyche
 Traces of a language long forgotten
 Buried deep beneath acculturation?
 Are we so anaesthetized by binary oppositions
 That the body's inner promptings
 Only serve to fuel the flame of alienation?

Who calls?

Reading again their stories
 My body sighs

I struggle with our questions
 Of why -
 And who -
 And when -

I hear the poverty of language to describe
 How words have shaped our thinking
 And how our thinking shapes our lives

Does the transformation ask
 a different language
 Wordless – a softer wiser tongue
 With warm moist lips
 And gentle hands to point the way

And I wonder
 Will it be the Daughters of Hysteria
 who carry the seeds of new awakenings
 to transform these illusive fragments

the stories of our lives?

FANNYS STORY (a brief overview)

Fanny lives on a tropical island off the East Coast of Australia. The onset of menopause at the age of forty-seven coincided with her two daughters leaving home to pursue their education. These events precipitated a body of artwork and sensitive poetic renderings that documented the impact of these experiences on her emotional, feeling body. She has developed an intuitive way of 'seeing' and reflecting phenomenologically. Through her different forms of self-representation she was able to connect the personal self - the 'I' of the autobiographical self - to the social self. (Probyn, 1993) Fanny's images demonstrate how the spaces between the ontological/phenomenological moments of recognition and epistemological analyses (how we know what we know) enabled her to re-think what the self might be. Deciphering her own metaphors and codes she has explored and then examined the changing family structure, her sense of being a mother, her sense of female identity, and her sexuality.

Initially Fanny went through a stage of mourning for the self that had nurtured, given and compromised through twenty odd years of mothering and being a wife. She grieved for the loss of her daughters and for the loss of her fertility, and she reflected on her un-met expectations and her unfulfilled desires as a consequence of being seduced by her dreams of perfection, and by the myths of religion, marriage and motherhood. During this time she began to dismantle her previously internalised views of herself and the ways in which she had been occupying time and space within her immediate personal and social environment. Her visual images communicate her repressed physical sexuality and the dawning realisation of having a desiring sensual body.

INTERVIEW JANUARY 1998 TOLD AS STORY

Fanny and I shared the following conversation on one of her rare visits to Perth. We are sitting in my lounge-room on a hot summer's night. I turn the tape-recorder on, and ask her to describe how she felt after reading the last transcript.

One of the things I really enjoyed was the layering of your creativity to what I had done.

I did this work from some kind of feeling in here that I didn't really understand, but I had to do it. Then to have you look at it and bring to it your creativity, and do it in the way that you did was really I really enjoyed that. It seemed to make . . . I don't know . . . It was like singing or something like that. It was lovely. I read it over and over, and then I gave it to my mother to read.

I enjoyed the experience of my imagination and your imagination blending together to create something that was a part of you and a part of me, but also something else as well.

I open the file with her images and turn to the page where there is a photograph of a cross embedded in her pelvic area. (See Fig. 1) We talk about the comment made by Joseph Campbell author of *Primitive Mythology: The Masks of God*, who said that many ancient myths contain sword motifs. The wound can only be healed by the one who delivered the blow. In symbolic form, it is only when the lance touches the wound again that it can be healed.

Figure 1.



Tell me the story again, I said.

She sat silently for a moment.

I feel really angry sometimes at the restrictions that were put on me sexually - my sexuality - by my dad, by religion, and by all those kinds of connotations.

Maybe this sword has touched me again since I have been on this island with the opportunities that have been presented to me.

When I was young I was really repressed because I didn't have a lot of sexual experience before I got married. I have had opportunities recently, and I have felt those 'things' that are put in front of me so that I can complete a part of myself that has been incomplete for a long time. On

one level I can deal with that because it is something I have to go through. It is something I have to complete on a spiritual level, and I can totally disregard the moral stuff about it.

Does it represent desire?

No, it is more about the damaged part of me and the sense of restriction I felt. The band-aids and the pegs are the metaphors for the injury, for the ache.

Was that the ache for the loss of your sexual self? I asked.

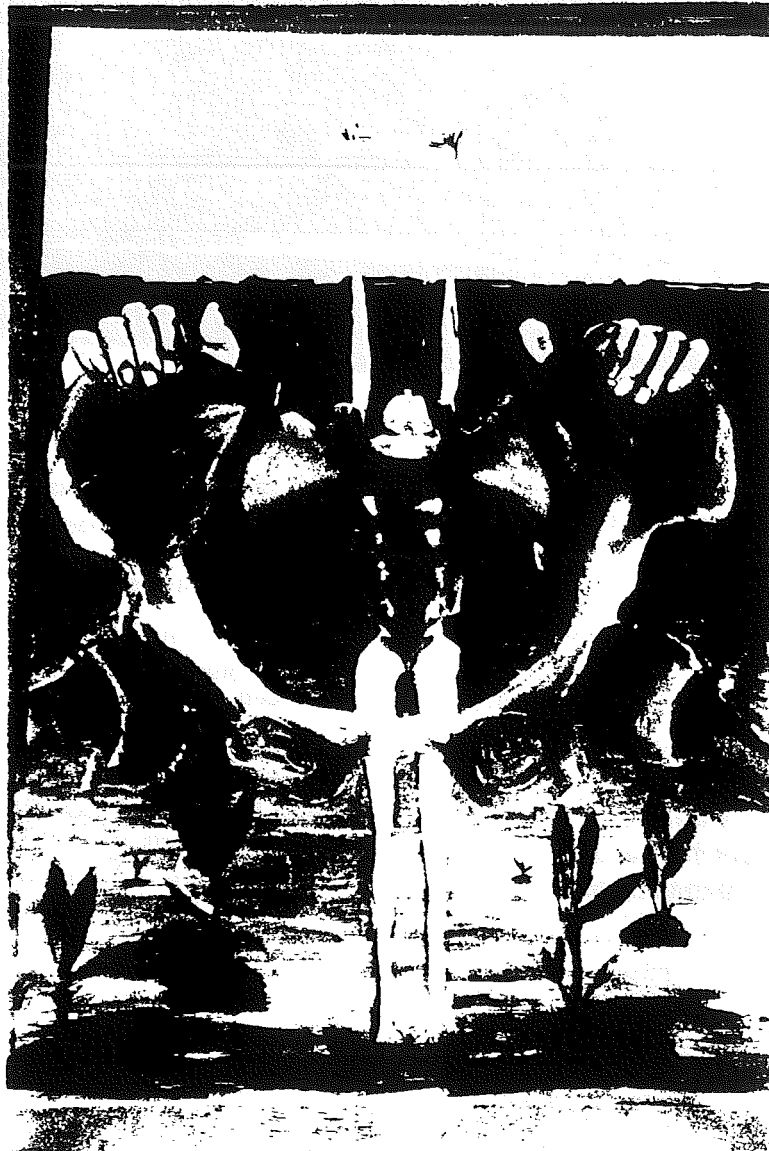
Yep. Yeah and this ladder, it was like a little escape thing – a way out of the dilemma. The other things {the hand and rod} kind of propped me up. This piercing bit is kind of like the navel ... my sexuality was being brought into question. Years and years of repression were being opened up.

Are you laying open your internal space to see what damage has been done?

Yeah. It was drawn after things were kind of blown apart.

And then Fanny leans forward and turns the page over to the next image.

Figure 2



This one, she said, is about getting free, about stretching up.

Then why are you holding the pelvic bones down? I said. She laughed and then fell silent.

I think it is about holding my instinctual nature back. Sometimes I get nervous and frightened about what I might do if I just sort of go for it.

Look, I said, the bones are inflamed. It is like your support structure is still feeling damaged, or is in pain, or feeling wounded.

Yes, she nodded. If I become the person that I think I need to be, then I am the only one who is going to approve. I don't think I will get much approval from anybody if I go ahead with my desires.

Does that worry you? She nodded her head again.

In a way it does, because I like to be approved of, but I also kind of know that this is the way it has to be. I just have to be focussed and centred so that the disapproval doesn't make me topple over.

Why did you draw yourself down in the water?

But I haven't, she said, I have drawn myself standing on the shoreline.

Oh! I responded. I read it differently.

Oh I see! Hmmm.

Fanny looks again at the drawing. This time through my eyes.

Yeah. Seen like that I have reached the surface, but there is something big here, she said, pointing to the hands. They are holding me down. God I am so skinny. I wanted to make my feet seem like they were grounded. I wanted them to look as though they were stuck to the earth.

You look a bit desperate actually.

Yeah, well I have been.

And then she laughed. It was not so much a laugh but a sort of inward sighing.

I probably still am. God. Oh yeah. I am desperate but I don't know what for. When I look at my work over the past years 7 years since I left university, especially since I have been documenting my life, there isn't a wall or a surface that isn't covered in something. I look at it all and think, *what is this kind of need* that is inside of me that is trying to find a voice and an answer to what I am seeking. It is getting more urgent that I make and do the stuff. I wonder

where it is taking me, and then I wonder, does it really matter? Hanging out here in the unknown is scary, but exciting also.

The turning Point

*I am a circus performer
I am on a tightrope called motherhood
Stretched between the tower platform of guilt
and the tower platform of my independence
Balancing in the centre facing neither tower
but straight ahead at menopause
and the dynamics of a 26 year old relationship.
I am tired and still up there".*

*This space in my heart
where the mothering and the children existed
aches
What happens now?
Where is the crone with wisdom to guide me?
Where is the fucking manual?*

*I have memories
guilt and little icons of light
to place in the temple.
gems that glow brighter than my eyes can stand.
No physical passion,
no art making
can substitute what has been there
and is now moving on,
away, and out.
Not now, not yet.
Let go with caution
in case one of us is injured by this
Let it go,
take it slowly build strength and wisdom gradually
become friends, partners.
Deep, good, knowing friends.
A friendship built on intimate knowing
of being inside another's body,
That other,
having a child growing in her womb,
based on that body, skin knowledge.*

Yesterday

*Huge turquoise seas thundering onto the reef.
High tides fingering between coral rock*

*and lifting all the sand away
 The beach is bearing its bones today
 Stripped and laid open
 by forces generated in eternity
 Ironing piles high on the floor
 Dust thickens and cobwebs appear
 Ice thickens in freezers.
 Forgotten bits of food
 sit at the back of the fridge moulding.
 Yesterday's washing
 sits stuck
 flat in the bowl waiting to be hung
 and I struggle to keep my bones from being laid bare.
 My being from splitting open
 What is this enormous urge,
 drive, need to create,
 draw, paint, write, live.
 that is gathering momentum within me.
 Just that? Or is it something ancient
 coming towards me at the speed of light
 I need to stand in a place where time stands still,
 face the moon, body to the wind.
 I anticipate. Waiting. Longing.
 Will it be granted me.*

*Menopause is flight
 On my bike I ride with the wind
 looking at a sky so high
 pure and clear
 filled with bright white clouds, sharply defined against blue
 so pure and infinite
 And I see nine frigate birds soaring above me
 heading north on the wind.
 I see them with my heart
 and feel them through misting eyes.
 Why is it
 that my truth causes suffering in others?
 In me?
 As I think that, the birds falter in turbulent air,
 my heart races, breath pulled in sharply,
 they flap and skew in the air
 before regaining effortless flight
 on wings outstretched, strong and steady.*

In conclusion I wish to emphasise that in the re-telling of narratives such as Fanny's, there is the desire that they will lead out to other women's bodies. Therefore, I take up French theorist

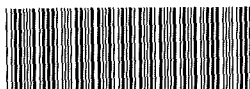
Helene Cixous' challenge, that as author of the texts and the voice for the women in this study, that the writing be from the body, my body and theirs, from the rhythm of our individual experiences of being in the world.

I shall speak about women's writing; about what it will do, Women must write herself; must write about women and bring women to write from which they have been driven away as violently as from their bodies – for the same reasons, by the same law, with the same fatal goal. Woman must put herself into the text – as into the world and into history – by her own movement. (Cixous, 1981 p.245)

{The images are re-produced with the permission of the artist}

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